PLACE OF DEATH	STATE OF ID. DEPARTMENT OF PUBL		SPACE
County or Jako	BURBAU OF VITAL	STATISTICS -	
City of Franquille	CERTIFICATE O	F DEATH   State File 1145	(1
	Registration District No	/03	
193	Primary Registration District	No. 1061	10
MAI			
(If death occurre	d in a hospital or institution, gi	ve its name instead of street and number)	
2. FULL NAME		In some free free free free free free free fr	
(a) Residence. No.	Drangeville	Ida si	
(Usual place of abode Length of residence in city or tow	) yn where death occurred. yrs.	(If nonresident give city or town and smos. ds. How long in U. S., if of foreign birth? yrs.	tate) , mos. da
PERSONAL AND STATI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. Color or Re	ed or Divorced (write the	21. DATE OF DEATH (month, day and year)	7 192
Temple 111.	word) Line	22. I HEREBY CERTIFY, That I attended dec	<del></del>
5a. If married, widowed, or de HUSBAND of	vorced		
6. DATE OF BIRTH (month,	day and room	I last saw h alive on 193: de	•
<i>W</i>	~ ~	to have occurred on the date stated above, at	
7. AGE Years Month	Days If LESS than	The principal cause of death and related causes tance were as follows:	<u> </u>
Still	or min.	Die Control of the Co	ate of onse
8. Trade, profession, or part kind of work done, as	aninne-	Stillborn	
kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in work was done, as silk			
work was done, as silk saw mill, bank, etc			
10. Date deceased last work ed at this occupation	[ 11. Total/time (years)	•••••••••••••••••••••••••••••••••••••••	
(mo. and yr.)	on spent in this occupation	Other contributory causes of importance:	4 1
12. BIRTHPLACE (city or to	wn) Grangwille	De alabad Mind	
(State or country)	) Ida		********
18. NAME Leo.	Linker	Name of operation	2.01
14. BIRTHPLACE (city or (State or country)	town). Strices	What test confirmed diagnosis? Was there an	
	10- 7 P.F.	23. If death was due to exter'l causes (violence)	
	the conteman	the following: Accident, suicide, or homicide? Date of in	jury, 19
16. BIRTHPLACE (city or (State or country)	town)	Where did injury occur?	
17. INFORMANT GLO, 7	inher	Specify whether injury occurred in industry, in	-
(Address)  18. BURIAL, CREMATION OR	REMOVAL	public place,	
To Place Koo King		Manner of injury	
19. UNDERTAKER Hann	K Francis O King	Nature of injury	
(Address)	seville Ide	of deceased?If) en specify	
20. FILED, 198	B. Chipmun	(Signed) O (Missianum	, <b>M</b> . 1
	Registrar.	(Address)gentle	سود ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

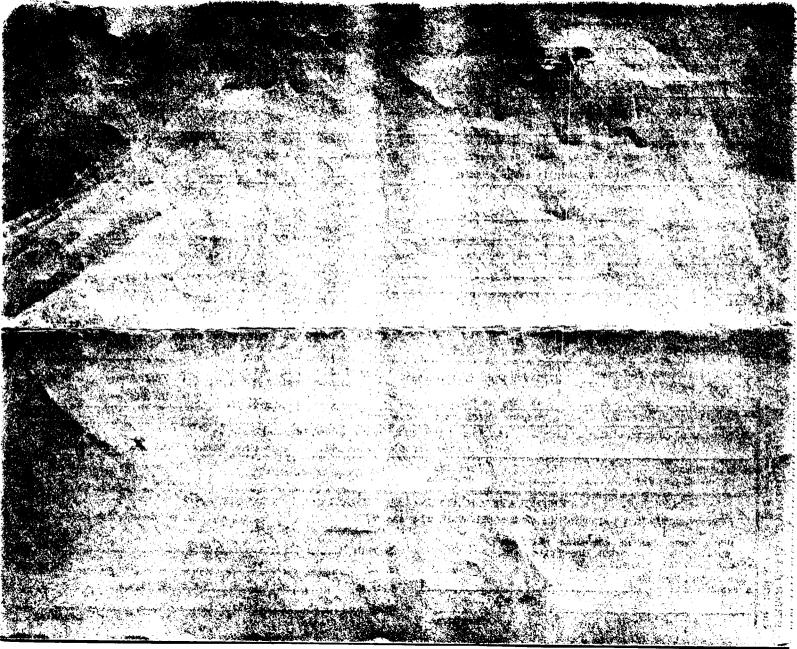
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	i
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

11. PLACE OF BIRTH	DEPARTMENT OF PUBLIC WELFARE S BURBAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 275375
county of of Jear Lake	DEPARTMENT OF PUBLIC WELFARE
County of Sear Rake  City of Registration I	CERTIFICATE OF BIRTH 275375
No. St.	District No. 5-3 State File No.
	<u> </u>
2. FULL NAME OF CHILD STULL CENTER	ration District NoLocal Registrar's No
3. Sex births {4. Twin, triplet, or other	Premature
9. Full rame Lewis Kompan	18. Full MOTHER Reinner Horteese & Rinner
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race	3) 20. Color or race 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent
16. Date (month and year)   17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
, 19 in this work	19 in this work
27. What prophylactic was used to prevent Ophthalmia Neons	
	h and including this child) we living
29. If stillborn, months or weeks	30. Cause of stillbirth
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who we	at an on the data above stated
When there was no attending physician	(Signed) Noor M. D.
or midwife, then the father, hoseholder, etc., \	(Signed) M. D.
Give name added from	or Paris Hales Midwif
(Det. of)	
Begistrar.	Filed Jan 31, 1939 Beulala Hess.



STATE OF II	OAHO
I LACE OF DEATH.	BLIC WELFARE DO NOT WRITE IN THIS SPACE
County of Sear hake BUREAU OF VITAL	7 7 63 170 63 5
CERTIFICATE O	
City of Registration District No	.5.3
Primary Registration Distri	
(No.	)
(If death occurred in a hospital or institution,	give its name instead of street and number.)
2. FULL NAME / Daley / Knup	<del>en</del>
(a) Residence. No.	St
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	9 (0)
Mule Whete or Drorced (write the word)	21. DATE OF DEATH (month day, and year) 193 9  22. I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced	Jan 17 , 193 9, to Jan 17 , 193 9
HUSBAND of (or) WIFE of	Y last saw halive on, 193; death is said
17/939	to have occurred on the date stated above, atm.
6. DATE OF BIRTH (month, day, and year)	The puincipal cause of death and related causes of importance
7. AGE Years Months Days If LESS than 1 day,hrs.	Were as follows:  Date of onse
or min.	heath - course
8. Trade, profession, or particular kind of work done, as spinner,	
sawyer, bookeeper, etc.	lukum
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.	
8 kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Lives Thompson	Name of operation
13. NAME Yours / Loupson  14. BIRTHPLACE (city or town) / Calcard (State or country)	What test confirmed diagnosis?
(State or country)	23. If death was due to exter' causes (violence) fill in also the following:
15. MAIDEN NAME Horteuse Skenner	Accident, suicide, or homicide? Date of injury, 193
15. MAIDEN NAME / Horleuse Skenner  16. BIRTHPLACE (city or town) dale	Where did injury occur?
(State or country)	(Specify city or town, county, and State)
17. INFORMENT & Suspane	Specify whether injury occurred in industry in home, or in public place.
(Address) Varis Halio	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL Place Thanks Jaka Date 200 8, 1939	Nature of injury
12. 1 . 1 . 20.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
	(Signed) Mocari, M.D.
20. FILED Registrar.	(Address) Jares Ilales

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

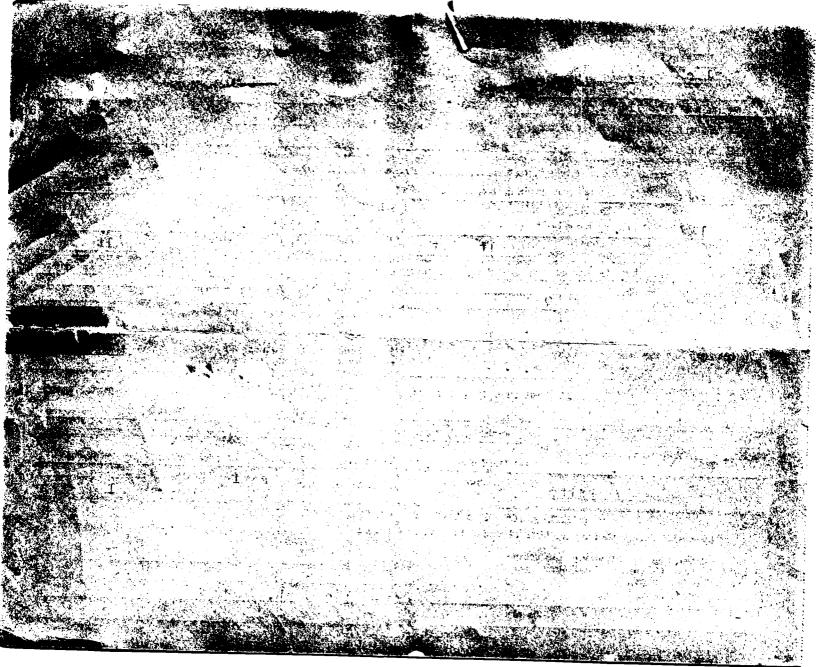
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of Bingham BUREAU OF VITAL STATISTICS 276376 **6** 1939 City of Blackfoot, CERTIFICATE OF BIRTH \_\_State File No. \_\_\_\_\_ No. Registration District No. -County Hospital Prim. Registration District, No. 2191 case (er of ...Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD JOYCE MERSICK 8. Date of 묘 6. Premature Yes 7. Legiti-If plural (4. Twin, triplet, or other..... birth Jan. 2. each. 3. Sex Full term No mate? Yes (Month, Day, Year) births 5. Number, in order of birth...... PERMANENT RECORD. Female MOTHER 18. Full FATHER 9. Full ö maiden Beulah J. Winder name Clifford L. Messick the number name 19. Residence (usual place of abode) 10. Residence (usual place of abode) Basalt Dist. (If non-resident, give place and State)Basalt Dist (If non-resident, give place and Btate)... 11. Color or race...White 12. Age at last birthday27.....(years) 20. Color or race...White | 21. Age at last birthday....27 (years) 22. Birthplace (city or place) 13. Birthplace (city or place)... pue Idaho (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular each, Housewife kind of work done, as spinner, Laborer of work done, as housekeeper, typist, nurse, clerk, etc. OCCUPATION sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, Home work was done, as silk mill, lawyer's office, silk mill, etc. made sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work....X Present 19..... in this work.....X. Present 19..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING Ste Return mu (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 2 28. Number of children of this mother 2 30. Cause of Stillbirth Uremia During labor..... months Before labor 1 month 29. If stillborn, period of gestation 7 months or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE WITH at5:20m. on the date above stated. I hereby certify that I attended the birth of this child, who wastillborn (Born Alive of Stillborn) amplon, M. D. When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. Blackfoot, Edaho Give name added from Address\_ a supplemental report. chil (Date of) Registrar. Registrar.



PLACE OF DEATH STATE OF ID DEPARTMENT OF PUBL County of Bingham BUREAU OF VITAL STATE OF ID DEPARTMENT OF PUBL STATE OF ID DEPARTMENT OF ID DEPARTM	LIC WELFARE DO NOT WRITE IN THIS SPACE
County of Bingham BUREAU OF VITAL S City of Blackfoot. CERTIFICATE O	F DEATH State File No. 2888
RECEIVE Registration District No	t No. 2 1 9 11 Local Registrar's No
2. FULL NAME Joyce Messick  (a) Residence No. Basalt, Idaho  (Usual place of abode)	
	(If nonresident give city or town and state) rs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	MEDICAL CERTIFICATE OF DEATH.
Fomela White the word) infant	21. DATE OF DEATH (month, day and year) -1 193 9  22 I HEREBY CERTIFY, That I attended deceased from 193, 193, 193, 193
HUSBAND of (or) WIFE of	I last saw hat alive on form death is said
	The principal cause of death and related causes of importance were as follows:  Date of onset
H 🖫	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Blackfoot, Idah (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
14. BIRTHPLACE (city or town) 141110 (State or country)	23. If death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (city or town) TUBILO (State or country)	Where did injury occur?
	in public place
Place Outside 1 - of 1939	Nature of injury
19. UNDERTAKER (MACK) (Address) (Address) (Address) (Address)	of deceased?

THE POST OF THE PROPERTY OF THE POST OF TH

JAYER MENSION I UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

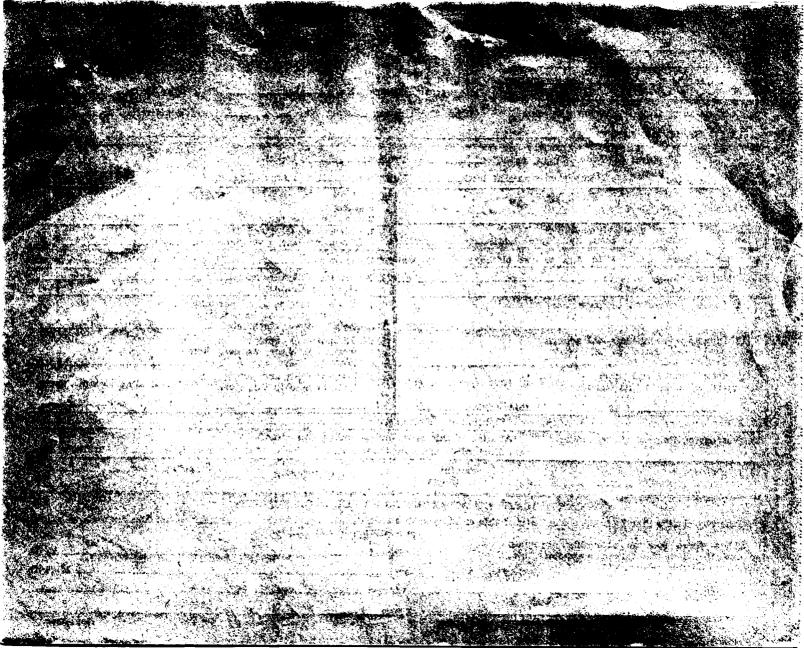
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injuries. Examples:		i i i i i i i i i i i i i i i i i i i	it diseases of
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	9 <b></b>
	***************************************		

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH Registration District No. State File No. Prim. Registration District No. 2/17 OLocal Registrar's No. 2 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8. Date of If plural \( \) 4. Twin, triplet, or other\_\_\_\_\_\_6. Premature \( \) 7. Legitibirth (Month, Day, Year) 8. Sex births 5. Number, in order of birth mate? Full term..... Melville R. 9. Full 18. Full MOTHER-Caspor maiden name 10. Residence (usual place of abode) 19 Residence (usual place of abode) (If non-resident, give place and State) John Falls (If non-resident, give place and State) 11. Color or race. W. | 12. Age at last birthday 27 (years) 20. Color or race. 21. Age at last birthday 26 (years) 13. Birthplace (city or place) Asho Falls 22 Birthplace (city or place) Reflection (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, sawyer, bookkeeper, etc. typist nurse clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (vears) spent last engaged in this work last engaged in this work UNFADING IN-te Return must in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn During labor..... 29. If stillborn. months 30. Cause of Stillbirth ..... Before labor Yes WITH UN Separate period of gestation. 8th or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was still attended in on the date above stated. (Born Alive on Stillborn) When there was no attending physician, (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. 뀲 WRITE PL Give name added from a supplemental report..... Address \_\_\_\_ one Registrar. Registrar.



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

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TOTAL A RETOR TO T

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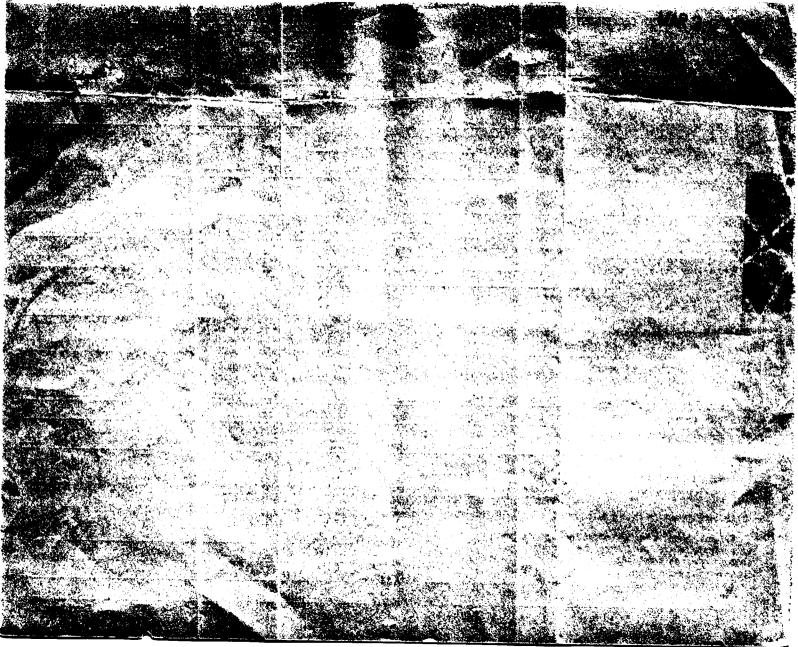
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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TOWARDS TO THE

EXAMPLE I		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	   IER STATEMENTS BY PHYSICIAN	
		•	***************************************
			•••••••

DEPARTMENT OF PUBLIC WELFARE PLACE OF BURTH County of CERTIFICATE OF BIRTH \$275379 City of... State File No. Registration District No. 107 Prim. Registration District No. 2/1/ Local Registrar's No. (If born in hospital or institution give name.) FULL NAME OF CHILD..... 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_ 7. Legitihirth. 3. Sex hirths 5. Number, in order of birth..... Full term... mate? (Month. Day, Year) MOTHER 18. Full 9. Full maiden - laie Man H name name 10. Residency (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Many (If non-resident, give place and State). 11. Color or race 12. Age at last birthday (years) 20. Color or race 21. Age at last birthday (years) ( nothing 13. Birthplace (city or place) 22. Birthplace (city or place)..... and (State or Country) (State or Country) 28. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc. sawver, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, made lawyer's office, silk mill, etc. ... sawmill, bank, etc. ..... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work <u>8</u> nust be in this work... in this work... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. (During labor..... months 29. If stillborn, 30. Cause of Stillbirth ..... period of gestation..... or weeks Befere labor ..... WITH Separa CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 12 om. on the date above stated. I hereby certify that I attended the birth of this child, who was Stellown (Born Alive or Stillborn) When there was no attending physician ) (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from Address ..... a supplemental report WRITE (Date of) Jan 14 Registrar.



1. PLACE OF DEATH	CERTIFICA	TE OF DEATH	Registered No
County of Mafrica	Primary Reg.  Local Registr	Dist. No. 2/ £1  Far's No. 2 2	if death occurred in hospital or institution give its name instead of street and number.
(Home, Hospital or Insti	Yrs. Mos. Days O O O	How long in U. S. If of foreign birth?	Yrs. Mos. Days
2. FULL NAME Dake	Christians o	wy	
(a) Residence:	Massing Fel	(If non-resident give city or	county and state)
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3. MALE 4. White Black Yell Wheel	5. Single Married Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year)	n 4, 1939
5a. If married, widowed, or divorce		22. I HEREBY CERTIFY, That I at	4
Husband of (or) Wife of		19, to	4 19.39 Death is sa
6. Date of Birth (Month, day and year)	#-1839	to have occurred on the date stated of the principal cause of death and	above, at 12:20 Para of Open
7. AGE 0	hrs. o min. o	causes of importance in order of ons as follows:	et were Yr. Mo. Day
8. Trade, profession, or particul		Stillbirth	Jan 4 1939
9. Industry or business in which	h work was done		
10. Date deceased last worked at this occupation (month	11. Total time (yrs.) spent in this occupation	Contributory causes of importance ne	
and year)	County and State, or Country)	I wolated to nwinding course	
Morning Je	Plitano	<u></u>	
13. NAME 14. BIRTHPLACE (City or Town	, County and State, or Country)	Where was disease first diagnosed? .  Name of operation	
" Creenton	Neb.	Condition for which performed	
15. MAIDEN MAMP Pice	May Honen	What test confirmed diagnosis?	
15. MAIDEN SAME 16. BIRTHPLACE City or Town	County and State, or Country)		as there an inquest?
17. SIGNATURE OF	Tub.	23. If death was due to external car	
IN SHERMANT	vilianay	(Check) Accident—Suicide—Homicide	ccur?
(Address)  18. BURIAL, CRAMATION OF REI	MOVAL.	(Specify city) Check whether injury occurred in ind	or town, county and state)
18. BURIAL, CHAMATION OF RIS	Dato Janu 5 1939	Manner of injury	
1911	Holl kow.	Nature of injury	
19. UNDERTAKER (Address)	well Tolske	24. Was disease or injury in any deceased?O If so, specify	way related to occupation
20. FILED AND BURIAL OR REM	OVAL PERMIT ISSUED	(SIGNED) JOS. Sa	teer u
On (Date) by	Registra	(Address)	arrece

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

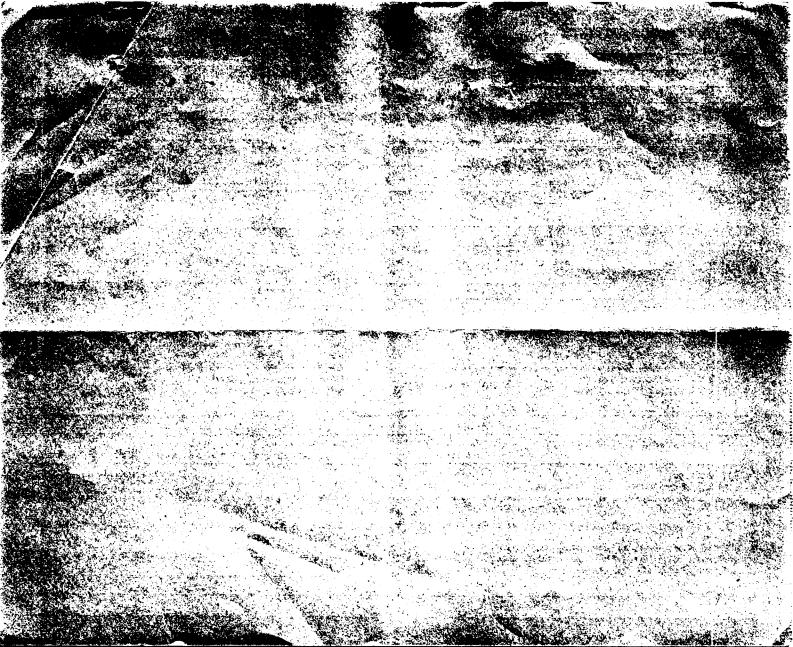
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	*****************************		***************************************

The state of the s PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 3 1439 County of. BUREAU OF VITAL STATISTICS of more City of .... FEB CERTIFICATE OF BIRTH No. State File No 75381 Registration District No. ..... Prim. Registration District No. 2/87 Local Registrar's No. 2 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... TLASSON W E 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_ 7. Legiti-6. Premature..... 3. Sex N PERMANENT RECORD, N. ch, and the number of each, hirth. births 5. Number, in order of birth..... Full term.... mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER maiden SYLVIA しほどん KOBBINET rlasson 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) OROFINO (If non-resident, give place and State) ROFINO 11. Color or race. | 12. Age at last birthday. (years) 20. Color or race. 21. Age at last birthday. 50 (years) 13. Birthplace (city or place)..... 22. Birthplace (city or place) OMAHA NE (State or Country) (State or Country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ğ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, TARMER made sawmill, bank, etc. \_\_\_\_\_ lawyer's office, silk mill, etc, ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent þe last engaged in this work R in this work..... must ...... 19..... in this work..... WITH UNFADING Separate Return mi 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....2.... (b) Born alive but now dead........ (c) Stillborn... 29. If stillborn, months Before labor..... 30. Cause of stillbirth..... period of gestation..... or weeks During labor ..... Edanisia CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_\_\_\_\_Stellbour\_ .A. m. on the date above stated. (Born Alive on Stillbern) When there was no attending physician (Signed) .... or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report.... chil (Date of) Filed ... Registrar. Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Clearwater DO NOT WRITE IN THIS SPACE information See instruc-BUREAU OF VITAL STATISTICS State File No. 112805 DEATH City of Orofino CERTIFICATE OF DEATH Primary Registration District No. 2/6 Local Registrar's No..... OF 70 is very important. (No Orofino Hospital item (If death occurred in a hospital or institution, give its name instead of street and number) BABY GLASSON 2. FULL NAME..... Every still born (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. RECORD. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. OCCUPATION 4. Color or Race | 5. Single, Married, Wid-3. SEX 21. DATE OF DEATH (month, day and year) //3 1939 owed or Divorced (write male white 22 I HEREBY CERTIFY, That I attended deceased from the word) PERMANENT 5a. If married, widowed, or divorced , 193,..., to....., 193....., 193..... HUSBAND of Stallborn 193 death is said stillborn (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1/13/39 to have occurred on the date stated above, at...... m. If LESS than The principal cause of death and related causes of im-Months Days Years 7. AGE 1 day ..... hrs. portance were as follows: Stillbdrn Date of onset or .... min. 1/13/39 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation ..... (mo. and yr.) ..... Orofino should 12. BIRTHPLACE (city or town).. Idaho (State or country) Name of operation Date of What test confirmed diagrams? Was there an HUBERT A. GLASSON 13. NAME autopsy?... 14. BIRTHPLACE (city or town) Denver 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Colo Accident, suicide, or homicide?..... Date of injury\_\_\_\_\_ 15. MAIDEN NAME Sylvia May Robinett 193..... Omaha Where did injury occur?..... 16. BIRTHPLACE (city or town) Nebraska (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or ö 17. INFORMANT 79 in public place..... (Address) Manner of injury.... 18. BURIAL, CREMATION OF REMOVED Place OF OF 100 1 8 Date Nature of injury..... BLAKE FUNERAL HOME 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?.... OROFINO, IDAHO (Address) , 1939 VLa Registrar.

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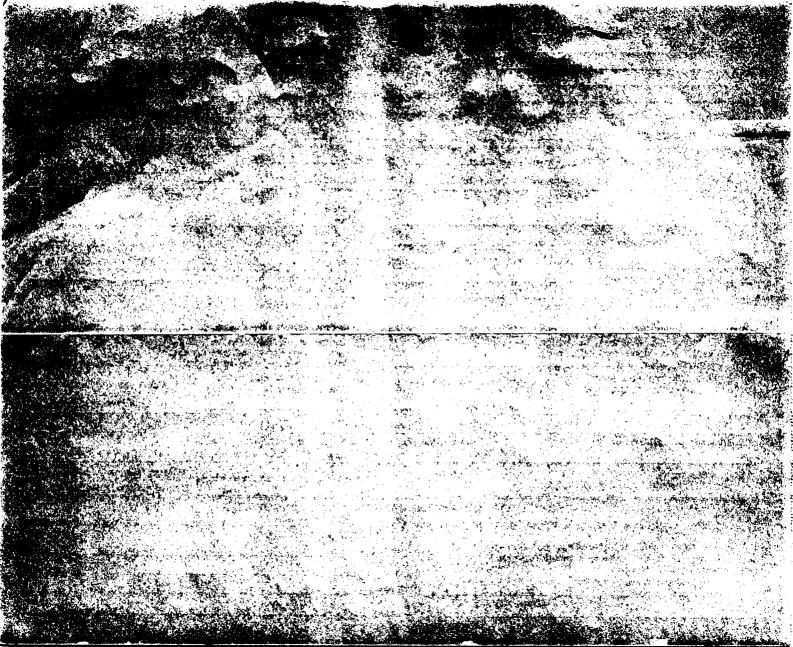
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

ted i	1. PLACE OF BIRTH	DEPARTMENT OF PUBLIC WELFARE		
e ta	H County Di	BURBAU OF VITAL STATISTICS		
E B	City of Chaques	939 CERTIFICATE OF BIRTH 276382		
급	No. 1 A St. FLD	District No. 90 State File No.		
9 6				
er (		tration District No. 2/7/Local Registrar's No. 2		
되장	2 FULL NAME OF CHILD Saly Cod	ce ( minamed.)		
. B.	If plural (4. Twin, triplet, or other	Premature 7. Legiti- 8. Date of 193 9		
D. N.	3. Sex   births   5. Number, in order of birth	Full term mate? (Month, Day, Year)		
RECORD	9. Full name Carl Ernest Dodge.	18. Full MOTHER maiden Mayne Proces		
	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)		
H H	11. Color or race   12. Age at last birthday. 7. (year	20. Color or race 22. Age at last birthday 24. (years)		
PERMANENT ch, and the nu	18. Birthplace (city or place) Murray (State or Country) Quality	22. Birthplace (city or place)		
A PEI each,	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
is is	E 15. Industry or business in which	of work done, as housekeeper, typist, nurse, clerk, etc.		
	work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.		
THIS made	Dis Date (month and year)	25. Date (month and year)		
	last engaged in this work 17. Total time (years) spent	last engaged in this work 26. Total time (years) spent		
INK 1st b	in this work	.   in this work		
IG.	27. What prophylactic was used to prevent Ophthalmia Neor	natorum? Chonce		
UNFADING	28. Number of children of this mother (At time of this birth and including this child)  (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1			
	29. If stillborn, months or weeks	30. Cause of stillbirthacut Before labor. Cur		
WITTH Separa	CERTIFICATE OF ATTENDIT			
	I hereby certify that I attended the birth of this child, who w	or PHYSICIAN OR MIDWIFE 350 m. on the date above stated.		
LY h a	TVI on them were no oftending physician	(Born Alive or Stillborn)		
PLAINLY I at birth 8	lot minute, men and insured, mentales, seed,	(Signed) . Soften, M. D.		
L'A	should make this return.	or, Midwife		
- 23	Give name added from a supplemental report	Address Orafeiro Valla		
WRITE one chil	(Date of)	Filed 1/12 1989 had have		
WR	Registrar.	Registrar.		



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Clearwater DEATH in DO NOT WRITE IN THIS SPACE information instruc-County of BUREAU OF VITAL STATISTICS City of Orofino. CERTIFICATE OF DEATH See Registration District No. 90 Primary Registration District No. 2/677
Orofino Hospital Local Registrar's No. OF OCCUPATION is very important. (If death occurred in a hospital or institution, give its name instead of street and number)

Baby Dodge (unamed stillborn) 2. FULL NAME..... Parents Ahsahka, Idaho (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 4. Color or Race 5. Single. Married. Wid-3. SEX 21. DATE OF DEATH (month, day and year) owed or Divorced (write white female 22 I HEKEBY CERTIFY. That I attended deceased from the word) 5a. If married, widowed, or divorced stillborn HIISBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1/6/39to have occurred on the date stated above, at..... m. If LESS than The principal cause of death and related causes of im-Months Days 7. AGE Years 1 day ..... hrs. or NONE min. portance were as follows: none none Date of gaset none 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation (mo, and yr.) ..... occupation ..... Orofino 12 BIRTHPLACE (city or town).... Idaho hour Date of (State or country) Name of operation..... What test confirmed diagnosis?..... Was there an 13. NAME Earl Dodge autopsy? 14. BIRTHPLACE (city or town) Murray 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Idaho Accident, suicide, or homicide?...... Date of injury..... 15. MAIDEN NAME Mame Brown Where did injury occur?..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT 7 in public place..... (Address) Manner of injury..... 18. BURIAL, CREMATION Place Orofino, Idahoate Nature of injury..... BLAKE FUNERAL HOME 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? (Co OROFINO. IDAHO (Address) ż Registrar.

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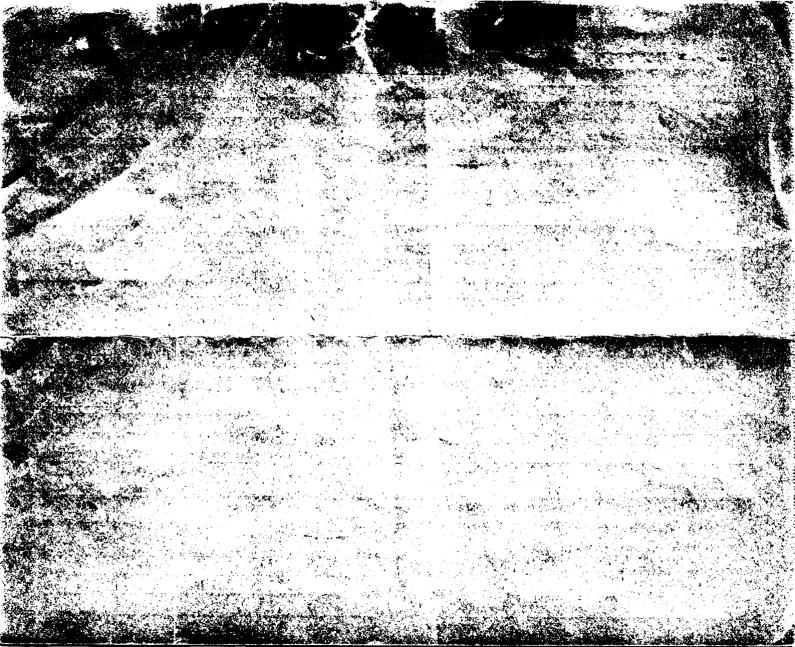
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

1. PLACE OF BIRTH	y a salah	STATE OF	IDAHO	S.
County of Charwall		DEPARTMENT OF P	L STATISTICS	
City of Oscieto	B 8 14.3A	CERTIFICATE	,	
Nost. FE	<b>B</b> 30	OERTIFICATE	OF DIMIN	76383
Re	gistration Distric	t No. 96	State File No. C	10000
(If born in hospital or institution give name.) Pr.	im. Registration	District No. 2185	Local Registrar's	No
	Lanie	<u> </u>		
	G. Thomas	0 7 7 2 2 4 4	8. Date of	
8. Sex F. If plural 4. Twin, triplet, or other	6. Premat		birth 1/2	21 193 9
(5. Number, in order of birth	Full ter	rm mate?		nth, Day, Year)
9. Full name Ross Theron Haning	18. F	ull laiden Barthe	MOTHER	. 1
	n n	ame	U Danne	<i></i>
10. Residence (usual place of abode) (If non-resident, give place and State)	19. R	esidence (usual place (If non-resident, give p	of abode)	rofus
1. Color or race 12. Age at last birthday		olor or race W		thday 42 (years)
3. Birthplace (city or place). Rock Ruy		irthplace (city or plac		
(State or Country)	va	(State or Country)		9
14. Trade, profession, or particular		Trade, profession, or	particular kind	' A
kind of work done, as spinner, sawyer, bookkeeper, etc.	NO NO	of work done, as hou typist, nurse, clerk,		usewife
15. Industry or business in which	I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. Industry or business		<del>,</del> 0 -
<b>4</b>		work was done, as	own home,	
() 18 Date (month and ween)	BI	lawyer's office, silk is. Date (month and yes		<del></del>
last engaged in this work 17. Total time (yes	$\operatorname{trs}$ ) spent $\left  \begin{array}{c} \mathbf{O} \end{array} \right ^{20}$	last engaged in this	work 28. Total tin	ne (years) spent
in this work		1	in this v	vork
27. What prophylactic was used to prevent Ophthali	mia Neonatorum	· anne	T	
28. Number of children of this mother 🥱 (At time of	f this birth and i	ncluding this child)	<del> </del>	
(a) Born ali	ive and now livin	g(b) Born alive	but now dead 2	(c) Stillborn
29. If stillborn, 4// mon	ths	Town of willLimbb	Before labor.	<i>V</i>
period of gestation or w	eeks 30.	ause of stillbirth	During labor.	<i>D</i>
CERTIFICATE OF A	TTENDING PHY	SICIAN OR MIDWIF	E .	
I hereby certify that I attended the birth of this chi	ld. who was	tielboin	at/10 pm on the	date above stated.
	(Born	Alivo op Stillborn)	1/ 1	
When there was no attending physician or midwife, then the father, hoseholder, etc.,	(Signed)	(X, J, 14	tofleris	M. D.
should make this return.	OF.		· /	Midwife
Give name added from	Address	(Crodiii	delle	>- <sub>4</sub>
a supplemental report(Date of)				Marie .
Regis	Filed	$\frac{193}{2}$	t. affanfan ber Canada da	Begistrar.
Tiogram		/ /		



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Clearwater DO NOT WRITE IN THIS SPACE informatièn BUREAU OF VITAL STATISTICS State File No. 172807 City of Orofino CERTIFICATE OF DEATH Registration District No..... Primary Registration District No. 2/67 Local Registrar's No..... oţ very important. (No Haning Residense (Glennwood) death occurred in a hospital or institution, give its name instead of street and number) BABY HANING 2. FULL NAME Stillborn (a) Residence No. (Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single. Married. Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year) // 1935 owed or Divorced (write famale white. 22 I MEREBY CERTIFY, That I attended deceased from the word) 5a. If married, widowed, or divorced 193 to 193 HUSBAND of I last saw h...... alive on.................................. 193.....: death is said Stillborn. (or) WIFE of 6 DATE OF BIRTH (month, day, and year) 1/21/39 If LESS than The principal cause of death and related causes of im-Months Days 7. AGE Years portance were as follows: 1 day ..... hrs. \*\*illborn Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this occupation ed at this occupation (mo. and yr.) ..... Orofino, 12 BIRTHPLACE (city or town). (State or country) Idah o Name of operation Date of \_\_\_\_\_ What test confirmed diagnosis. Was there an 13. NAME ROSS HANIN G autopsy?..... Rock Ravids 14. BIRTHPLACE (city or town). 23. If death was due to exter'l causes (violence) fill in also Lowa (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME Bertha Danner Where did injury occur?.... 16. BIRTHPLACE (city or town) St. Joseph (Specify city or town, county, and state) (State or country) Missouri Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place Orofino, Idaho (Address) Manner of injury..... 18. BURIAL CREMATION OR REMOVAL Place Orof ino, Idah Pate 1/22/39 Nature of injury..... 24 Was disease or injury in any way related to occupation BLAKE FUNERAL HOME 19. UNDERTAKER of deceased? (Address) OROFINO, IDAHO (Signed) ...... Registrar.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			•

STATE OF IDAHO PLACE OF BIRTH | 1. DEPARTMENT OF PUBLIC WELFARE County of Fremont BUREAU OF VITAL STATISTICS Ashton City of CERTIFICATE OF BIRTH 276384 No. St. Registration District No. 102 State File No. Prim. Registration District No.6 Local Registrar's No...... (If born in hospital or institution give name.) 2. FULL NAME OF CHILD Louise Marie Shaefer 8. Date of birth 1/13/39 , 198... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. than one child at birth a Separate Return must be made for each, and the number of stated. 3. Sex mate? ..... hirths 5. Number, in order of birth... Full term..... F\_male (Month, Day, Year) 18. Full MOTHER FATHER 9. Full maiden name Anna. Lippert. Henry Shaefer. name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho (If non-resident, give place and State) Ashton Idaho 20. Color or race hite 21. Age at last birthday 38 (years) 11. Color or race White 12. Age at last birthday. 42 (years) 22. Birthplace (city or place) Boffzen.
(State or Country) 18. Birthplace (city or place) Derental. (State or Country) Germany. (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, Housewife. kind of work done, as spinner, Farmer sawyer, bookkeeper, etc. typist, nurse, clerk, etc..... 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc..... sawmill, bank, etc.... 25. Date (month and year) 16. Date (month and year) last engaged in this work | 17. Total time (years) spent last engaged in this work | 26. Total time (years) spent in this work 20 years , 19 in this work 20 years 19..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother \ months 29. If stillborn, period of gestation..... or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Born Dead, m. on the date above stated. (Signed) Midwife When there was no attending physician or midwife, then the father, householder, etc., should make this return. Address Water Folds

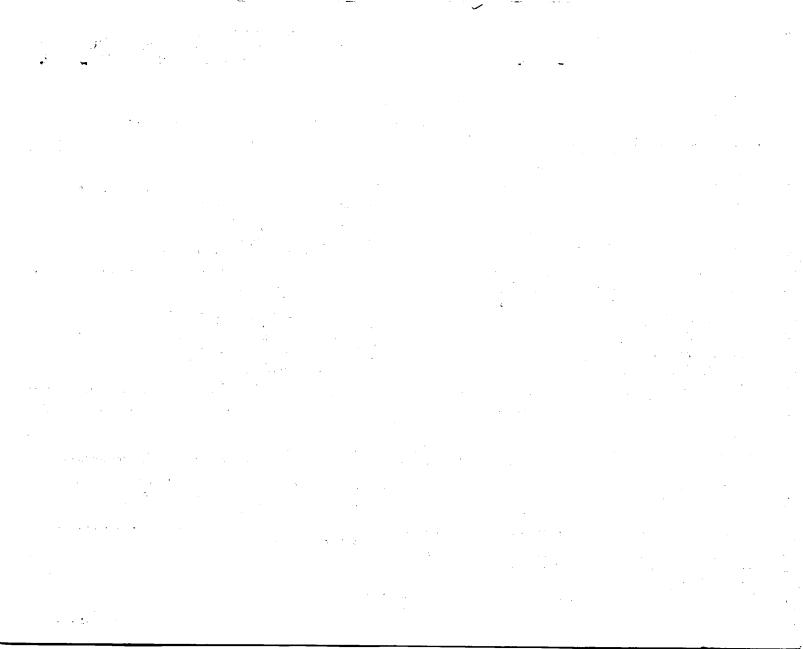
Filed 1 1 1939 Security incomes Give name added from a supplemental report (Date of) Registrar. Registrar.

birth

case

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of each,



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DEATH in County of Fremont DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS City of Ashton. CERTIFICATE OF DEATH State File No. 112808 Registration District No. 102 9 19 Primary Registration District No. 6 Local Registrar's No. (No\_\_\_\_\_\_)
(If death occurred in a hospital or institution, give its name instead of street and number) (No..... 2. FULL NAME Louise. Marte, Shaefer, (a) Residence No.....St. (Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single. Married, Wid-3. SEX 4. Color or Race owed or Divorced (write White 22 I HEREBY CERTIFY, That) Lattended deceased from Female: the word) 5a. If married, widowed, or divorced MARGIN RESERVED FOR BINDING hy knows, 193 , total trans, 103 HUSBAND of I last saw h\_\_\_\_\_alive on\_\_\_\_\_193\_\_\_; death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1/13t/1193 to have occurred on the date stated above, at 3. R.M. m. If LESS than 7. AGE Months Days The principal cause of death and related causes of im-Years 1 day ..... hrs. portance were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as spinner, At Home/ sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill. bank, etc.... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town)....Ashton. (State or country) Idaho. Name of operation...... Date of "enry Shaefer. What test confirmed diagnosis? ..... Was there an 13. NAME autopsy?..... 14. BIRTHPLACE (city or town) Derental. 23. If death was due to exter'l causes (violence) fill in also (State or country) Germany. the following: Accident, suicide, or homicide?..... Date of injury.... 15. MAIDEN NAME Anna Lappert 193..... Where did injury occur? 16. BIRTHPLACE (city or town) Baffzen (Specify city or town, county, and state) (State or country) Germany. Specify whether injury occurred in industry, in home, or 17. INFORMANT enry Shaefer in public place (Address) Ashton Idaho 18. BURIAL, CREMATION OR REMOVAL 15th 1930 Place AshtonIdaho Date 175th 1930 Manner of injury.... Nature of injury 24 Was disease or injury in any way related to occupation 19. UNDERTAKER Lewis Kiser (Address) Ashton 20. FILED 193Q Registrar. (Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.-The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

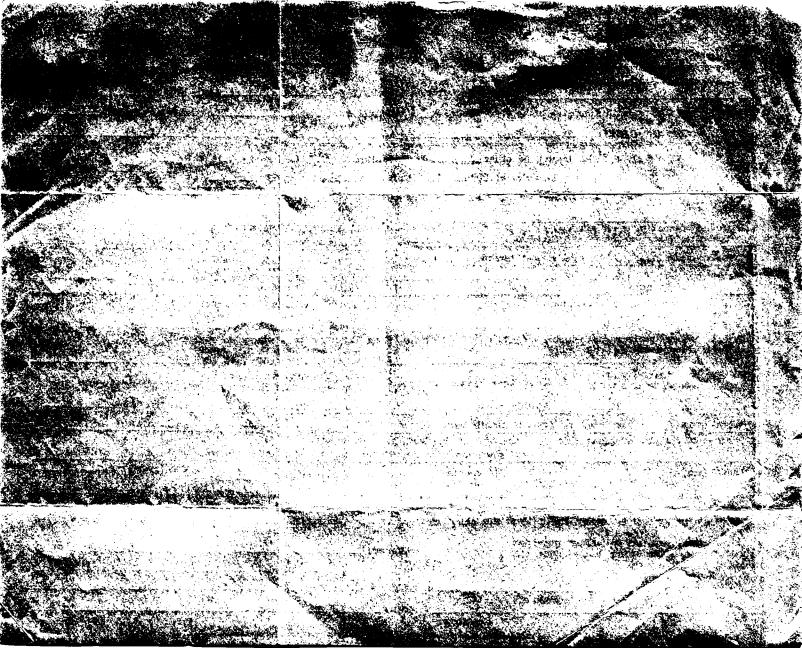
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN		

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Kanter FER IN 1999 BUREAU OF VITAL STATISTICS City of too en -CERTIFICATE OF BIRTH No. 1802 Man Registration District No. State File No. case of Prim. Registration District No. 1051 Local Registrar's No. (If born in hospital or institution give name.) Ronaldo Johnson 2. FULL NAME OF CHILD..... 8. Date of If plural (4. Twin, triplet, or other 6. Premature 7. Legiti-8. Sex 5. Number, in order of birth Full term 923 mate? 725 (Month. Day. Year) 9. Full FATHER 18. Full MOTHER maiden name May Wenderson (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 52 (years) 20. Color or race 22. Age at last birthday 42 (years) 22. Birthplace (city or place) Here for d. 13. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent þ last engaged in this work in this work..... ..... 19...... in this work..... WITH UNFADING Separate Return mi 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (During labor 425 29. If stillborn, months 30. Cause of Stillbirth ..... period of gestation. or weeks Un / sno un Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was 571// bern at 20% m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) LL E. or midwife, then the father, householder, etc., should make this return. ..... Midwife Give name added from Address Cepenr & Wene Jaho a supplemental report (Date of) Registrar.



state CAUSE OF DEATH in 's very important. See instruc-	County of Root Ghal  City of Coeur d'Alene, Io  Regis  Prim  (No  (If death occurred in a  2. FULL NAME RONALD JO  (a) Residence No. 1502 Mon	hospital or institution, a huson tana ave C	TATISTICS  DO NOT WRITE II  State File No	2809 o. 4 er)
RECORD S should PATION is	ll har I tu I O	Single, Married, Wid- owed or Divorced (write the word)	21. DATE OF DEATH (month, day an 22 I HEREBY CERTIFY, That Latter did not see 181 in to 5/39 I last see h.i. As alive on 19	d year) 193
EERMAN PHYS nent of	7. AGE Years Months D O O O O O O O O O O O O O O O O O O O	D If LESS than 1 day Q hrs. or Q min.	9to have occurred on the date stated about the principal cause of death and releportance were as follows:  Unknown	ted causes of im- Date of onset
GIN RESERVED FO INK—THIS IS A F be stated EXACTLY. ashied. Exact stated	kind of work done, as spinner, sawyer, bookkeeper, etc		Other contributory causes of importan	ce:
MARGIN R H UNFADING INK— AGE should be stak be properly classified.	3 13. NAME William A. Jo	omson Provo	Name of operation	Date of
LY, WIT] supplied. ; it may   tificate.	15. MAIDEN NAME MAY denderson  16. BIRTHPLACE (city or town) Hereford (State or country) England		23. If death was due to exter'l causes (violence) fill in all the following:  Accident, suicide, or homicide? Date of injury	
k.—WRITE PLAINI should be carefully plain terms, so that tion on back of cer	18. BURIAL, CREMATION OR REM Place Orest Cemetapa 19. UNDERTAKER CASSOY FUI	'Alene , Idaho MOVAL Ye 1/7/39, 193 Meral Home	in public place	elated to occupation
χ Ε Ξ Ξ Ξ Ξ	(AddressCoeur d'al	lene. Idaho	(Signed)	lel M. D.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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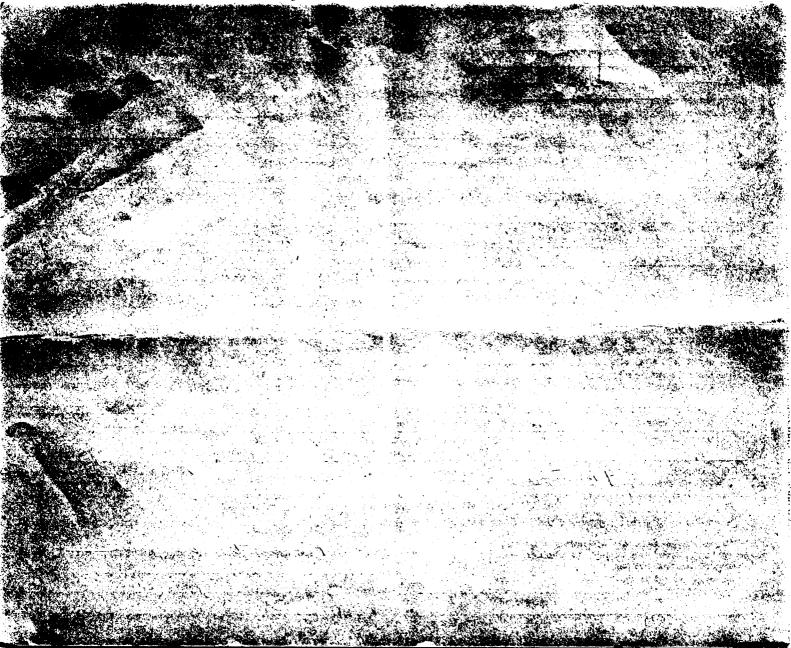
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS PLACE OF BIRTH County of Thore City of No. ㅎ 30 State File No. Registration District No. .... case er of (If born in hospital or institution give name.) Prim. Registration District No. 105 / Local Registrar's No. Meloun. 2. FULL NAME OF CHILD. Ä.E 8. Date of If plural (4. Twin, triplet, or other..... 8. Premature.... 7. Legiti-3. Sex birth. births 5. Number, in order of birth.... Full term. A mate? Month Day, Year 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State Cocur d' G PERMANENT Will non-resident, give place and State occur the 11. Color or race U | 12. Age at last birthday (years) 20. Color or race (years) and 13. Birthplace (city or place).... 22. Birthplace (city or place) Salastus (State or Country) X Unions (State or Country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, laurekeep kind of work done, as spinner, sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. .... 15. Industry or business in which ş 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. \_\_\_\_\_\_

16. Date (month and year)

last engaged in this work made lawyer's office, silk mill, etc. 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent þ last engaged in this work FADING INK Return must b in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 29. If stillborn. period of gestation 9 mour months Before labor. Separate 30. Cause of stillbirth. or weeks During labor... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 1:40 m. on the date above stated. I hereby certify that I attended the birth of this child, who was stillbein (Born Alive on Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from WRITE one child a supplemental report..... (Date of) Filed Feb. Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Ë County of Kootenai DO NOT WRITE IN THIS information See instruc-BUREAU OF VITAL STATISTICS City of Coeur d'Alene CERTIFICATE OF DEATH State File No..... Registration District No. 30 Primary Registration District No. 10.5 Local Registrar's No. important. (NolOld-4th St......)
(If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME....(Infant) Richard Melvin Radovich (a) Residence No. Rt. #2 C.D.A. OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mo ds. How long in U.S., if of foreign birth? yrs. mos. ds. RECORD. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year 1/7 owed or Divorced (write the word) Single 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced \_\_\_\_\_\_, 193..., to \_\_\_\_\_\_, 193.... HUSBAND of I last saw h. \_\_\_ alive on \_\_\_\_ 193 \_\_\_ death is said (or) WIFE of to have occurred on the date stated above, at 1:40P .m. 6. DATE OF BIRTH (month, day, and year) 1/7/1938 If LESS than The principal cause of death and related causes of im-7. AGE Vears Months Davs 1 day Q.... hrs. portance were as follows: 0 ٥ Date of onset or .....O... min. 8. Trade, profession, or particular kind of work done, as spinner, None sawver, bookkeeper, etc ..... 9. Industry or business in which UNFADING INK-THIS work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this (mo. and yr.) occupation ...... 12. BIRTHPLACE (city or town) Coeur D'Alene (State or country) be properly Name of operation None Date of Idaho What test confirmed diagnosis? Was there an FATHER 13. NAME Mark M. Radovich autopsy?.... 14. BIRTHPLACE (city or town) Yugoslavia 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury..... 15. MAIDEN NAME Marian Roning Where did injury occur? 16. BIRTHPLACE (city or town) Alberta. (Specify city or town, county, and state) (State or country) Canada Specify whether injury occurred in industry, in home, or 17. INFORMANT Mark M. Radovich in public place..... (Address) C.D.A. Manner of injury..... 18. BURIAL, CREMATION OR REMOVA Nature of injury..... Place Forest Cem Date 1/9/ 1938 The Mooney Mortuary 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? If so, specify... (Address) C.D.A. 20. FILED 1- 9 , 1939 At. Liotches (Signed) .... ż Registrar.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

-A CONTRACTOR OF THE CONTRACTOR 

STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of. 33 egistration District No.... HYSICI (If death occurred in a hospital ordinatitation, give its name instead of street and number) 2. FULL NAME ... A Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS CDICAL CELETIFICATE OF DEATH 3. SEX 5. Single, Married, Widow-4. Color or Race ed or Dixerced (write the DEATH (month, day and year) word) BY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at If LESS than The principal cause of death and related causes of impor-7. AGE Days 1 day,... hrs. tance were as follows Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work\_ 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town). What test confirmed diagnosis?. ... Was there an autops (State or country) 23. If death was due to exter causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town Where did injury occur?.... (State or country.) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public 18. BURIAL, CREMATION Mannet Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) Registrar.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
y			

PLACE OF BURTH of of more than STATE OF IDAHO DEPARTMENT OF PUBLIC WELFAR County of BURBAU OF VITAL STATISTICS City of Com FEB 10 1939 CERTIFICATE OF BIRTH Registration District No. ...... State Tile No. (If born in hospital or institution give name.) Prim. Registration District No. . 105 Local Registrar's No. 2. FULL NAME OF CHILD 뿌츀 7. Legiti-ff plural 8. Date of 3. Sex births birth... 5. Number, in order of birth..... Full term... RECORD. mate! 9. Full PATHER MOTHER 18. Full number name maiden / name 10. Residence Ausual place of abode 19. Residence (usual place of abode) 7/8 -(If non-resident, give place and State) Court & lleve (If non-resident, give place and State) Com a a PERMANENT 11. Color or race ( 12. Age at last birthday //2 (years) 20. Color or race Like 21. Age at last birthday 35. (years) 13. Birthplace (city or place)..... 22. Birthplace (city or place). This math (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc ..... typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home, "> lawyer's office, silk mill, etc. .... sawmill, bank, etc. forest service ě Date (month and year) last engaged in this work
 Total time (years) apent 16. Date (month and year) last engaged in this work 17. Total time (years) spent must ....., 19...... in this work..... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 12 Lives Miliale UNFADING 28. Number of children of this mother (At time of this birth and including this child) WITH UNF Before labor..... months 29. If stillborn, or weeks 30. Cause of stillbirth..... period of gestation 7 mg. During labor X CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 5/5 h. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Midwife Give name added from a supplemental report..... Shil 8 Registrar.

THE RESERVE THE PARTY OF THE PA THE TANK THE COURSE OF SHIP WASHINGTON Lauret Hulf. Lander to view at birth white: Allege with the strategic beauty at the The Property of the second second second second of work done at the character to Treme and bearing today a supple in which IN AUT A SHIP WAS TO THE The state and disease. the court and the court and the court and the the property of the test of the party of the state of the design of the stand of the substitute of the sub stalling for a past was visit with post it. week models the same of the sa A Series and the Property The same was the same the same three properties and a few or the same that the same and the same AMERICAN TO THE PROPERTY OF TH der the state of the THE RESIDENCE OF THE PARTY WAS ARRESTED FOR THE PARTY. Bi-Ibate to with a today. draman the property of the state of the stat ALLEY THE WARE MANNEY.

PLACE OF DEATH STATE OF IDAHO County of Kootenai DEPARTMENT OF PUBLIC WELFARE information See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS City of Coeur d'Alene CERTIFICATE OF DEATH Registration District No. 30 Primary Registration District No. 1051 Local Registrar's No. to Inportant. (No Residence CAUSE eath occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME James Agee (Infant) (a) Residence No. 718-2nd St. OCCUPATION is very (Usual place of abode)

If nonresident give city or town and state)

Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) 1 /25939 owed or Divorced (write the word) Single 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at J. J. Am. 6. DATE OF BIRTH (month, day, and year) Jan. 25/39 If LESS than The principal cause of death and related causes of im-7. AGE Years Months Days 1 day ..... hrs. portance were as follows: n Date of onset or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill. bank, etc..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation occupation . (mo, and yr.) 12. BIRTHPLACE (city or town Coeur d'Alene (State or country) Idaho ..... Name of operation..... What test confirmed diagnosis?..... Was there an Maryl Agea 13. NAME autopsy? The 14. BIRTHPLACE (city or town) Oregon 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury...... Ella R. Archibald 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (city or town) Oregon (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or Meryl D. Agee in public place 17. INFORMANT (Address) Coeur d'Alene Idaho Manner of injury.... 18. BURIAL CREMATION OR REMOV CDA Place Forest Com Data /25/ 1939 Nature of injury\_\_\_\_\_ 24 Was disease or injury in any way related to occupation 19. UNDERTAKER The Mooney Mortuary of deceased?...... Coeur d'Alene Idaho (Address) 20 FILED 1-25 1989 Afternoon MD. ż Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

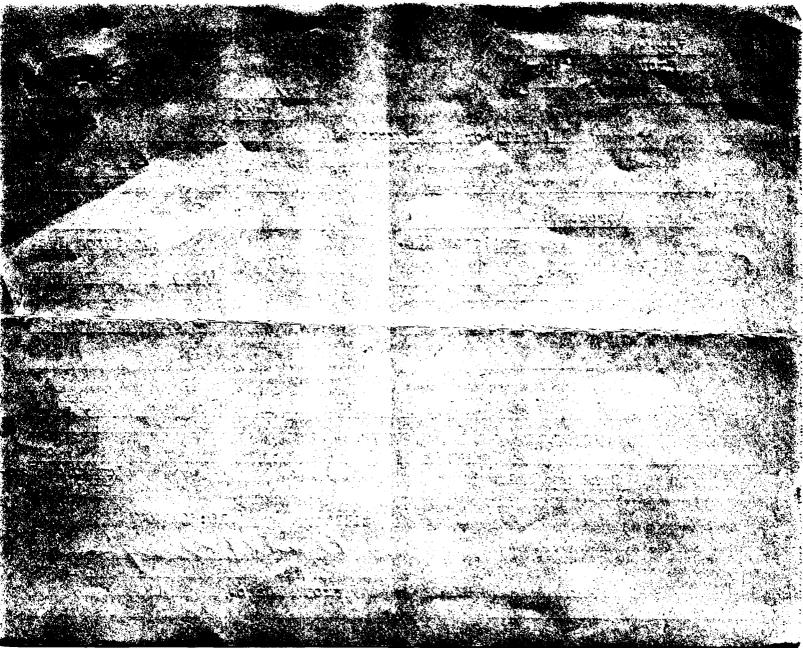
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			***************************************

RECEIVED PLACE OF BIRTH STATE OF IDAHO UHIN 30 1939 DEPARTMENT OF PUBLIC WELFARE Latah County of... BUREAU OF VITAL STATISTICS. Trov City of. CERTIFICATE OF BIRTH Prim. Registration District No. 2144 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD (Stillborn) Abercrombie 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_ 6. Premature.... 7. Legitimate? yes birth Jah 18 3. Sex births yes. male 5. Number, in order of birth... Full term..... (Month, Day, Year) PERMANENT RECORD. 9. Full MOTHER FATHER 18. Full Jean McComb name maiden Robert Abercrombie name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) ewiston Ids. (If non-resident, give place and State) Lewiston Ida. 21. Age at last birthday 24 (years) 11. Color or rawhite... | 12. Age at last birthday...24 (years) 20. Color or racehite 4 22. Birthplace (city or place). Idaho 13. Birthplace (city or place) Idaho (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper housewife typist, nurse, clerk, etc. \_\_\_\_housewife sawyer, bookkeeper, etc. salesman 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, made sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and vear) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work G INK-must be Jan in this work. One January in this work 5 UNFADING 28. Number of children of this mother one (At time of this birth and including this child) Return (a) Born alive and now living........ (c) Stillborn Que During laborahruntio nla period of gestation Sand one half 29. If stillborn. months Before labor enta. 30. Cause of Stillbirth ...... or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE alo:50A on the date above stated. I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) When there was no attending physician (Signed) . or midwife, then the father, hoseholder, etc., should make this return. Give name added from Troy Idahe. WRITE one child a supplemental report..... Address .... (Date of) an. 23, 198 9 Mrs Filed ... Registrar.



T RECORD. Every item of 7. PHYSICIANS should state Exact statement of OCCUPA.	2. FULL NAME Baby Abe  (a) Residence. No. Trow.  (Usual place of abode)	Primary Registration District N (No Frank Glaser 1 d in a hospital or institution, g rerembia (Stillb Idaho	DO NOT WRITE IN THIS SPANTATISTICS  F DEATH  State File No. 2 2 3 1 3  C 4  No. 2 4 4 Local Register's No. 1 2 3 1 3  Testidence  rive its name instead of street and number)  irth)  St. (If recoveridant are size as discovered and number)	
GIN RESERVED FOR BINDING ADING INK—THIS IS A PERMANEN plied. AGE should be stated EXACTLY so that it may be properly classified. Iction on back of certificate.	PERSONAL AND STATIST  3. SEX	Single, Married, Widow-ed or Divorced (write the word) Single     and year)   Jan 18 196     Days   If LESS than   1 day	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month, day and year)  22. I HEREBY CERTIFY, That I attended decease  193. to 193. to 193. death  10 to have occurred on the late stated above, at 10:55  The principal cause of death and related causes of im were as follows:  Date	7 193 9, ad from 193 9
WITH Carefully plain te	(State or country)  13. NAMERODET L. A  14. BIRTHPLACE (city or town (State or country)  15. MAIDEN NAME Jean  16. BIRTHPLACE (city or town (State or country))  17. INFORMANT (Address) 215 6th  18. BURIAL, CREMATION OR RIPLACE STAR CEMATION OR RIPLACE STAR CEMATICAL STAR CEMATION OR RIPLACE STAR CEMATICAL STAR CEMATION OR RIPLACE STAR CEMATICAL STAR CEMATICAL STAR CEMATION OR RIPLACE STAR CEMATION OR RIPLACE STAR CEMATICAL STAR	Idaho bercrombie Jeeseph Idaho McComb Troy Idaho Volume Line	Name of operation	also the, 193ate) e, or in

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For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer
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To be complete, an occupation return must state:

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

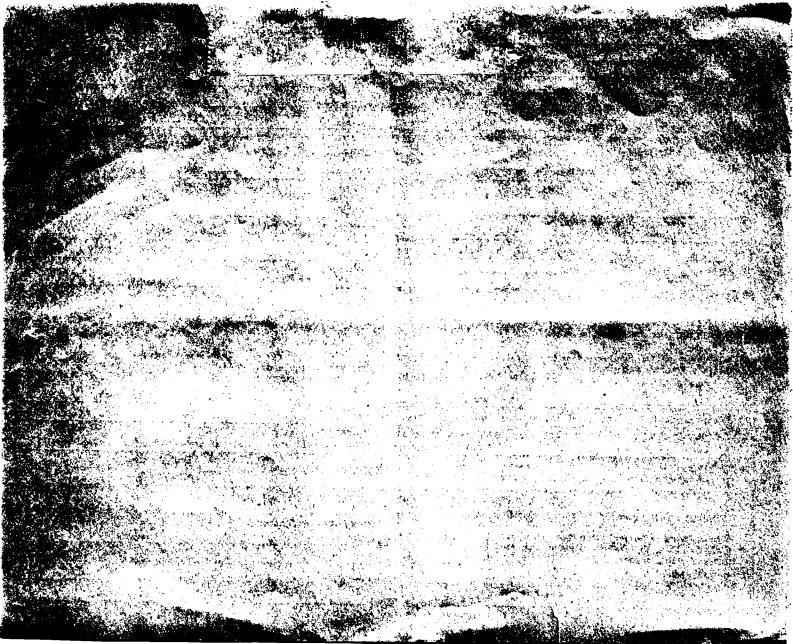
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ADDITIONAL SPACE I	FOR FURT	HER STATEMENTS BY PHYSICIAN	
	*****************		
	*******		
			••••••••

RECEIVED FEB 14 1939 DEPARTMENT OF PUBLIC WELFARE PLACE OF BIRTH County of Madiani City of Rules, Flat T CERTIFICATE OF BIRTH 276390 Registration District No. 100 \_\_State File No. ..... (If born in hospital or institution give name.) Hemsley (Stillborn) 2. FULL NAME OF CHILD 8. Date of birth & annam 1919 8. Sex births mate? 4 (Month, Day Year) 5. Number, in order of birth..... Full term 440 f. Full FATHER 18. Fu*ll* maiden name augune Bledslein name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). Mulung Schar 20. Color or race 21. Age at last birthday 28 (year 11. Color or race | 12. Age at last birthday 43 (years) 22. Birthplace (city or place) Last Lase Letter 13. Birthplace (city or place) .... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. 24. Industry or business in which work was done, as own home, 15. Industry or business in which work was done, as silk mill, lawver's office, silk mill, etc. . sawmill, bank, etc. .... 5 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work \_\_\_\_\_\_ 19\_\_\_\_ in this work..... in this work 27. What prophylactic was used to prevent Ophthamia Neonatorum? Balry Narrand les Calcarian after challe of mother (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead 2 (c) Stillborn. During labor..... months WITH UN Separate 29. If stillborn. 30. Cause of Stillbirth ..... period of gestation or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at Z. M. m. op the date above stated. Stillborn I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) When there was no attending physician ) (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from Address ..... a supplemental report..... nis/Terson (Date of) Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of information WRITE IN THIS SPACE 112814 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No..... 1939 Primary Registration District No..... Local Registrar's No.... of is very important. death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME... -----(a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. OCCUPATION MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) /-/2 1939 owed or Divorced (write 22 I HEREBY CERTIFY. That I attended deceased from the word) -/2 1939, to /-/2 , 1939 5a. If married, widowed, or divorced HUSBAND of I last saw h \_\_\_\_alive on \_\_\_\_\_ 193 \_\_\_; death is said (or) WIFE of to have occurred on the date stated above, at 1:30 Pm. 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-Days 7. AGE Years Months 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) contributory causes of importance: ed at this occupation spent in this (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of What test confirmed diagnosis?..... Was there an 13. NAME // autopsy?..... 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) ae following: Accident, suicide, or homicide? ...... Date of injury...... 15. MAIDEN NAME 193..... Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place (Address) Manner of injury.... 18. BURIAL, CREMATIO Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... (Address) ير (Signed) (Address ....

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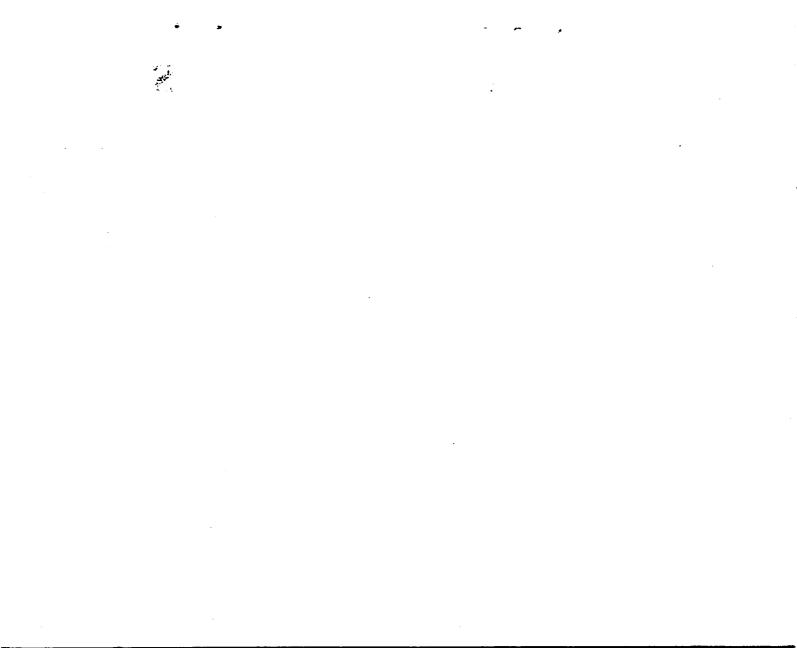
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		

	CERTIFICATE OF BIRST 275391 ration District No
3. Sex births {4. Twin, triplet, or other	hints the 25 con 7
10. Residence (usual place of abode) (If non-resident, give place and State)	maiden name Joldie Will  19. Residence (usual place of abode)  (If non-resident, give place and State)
13. Birthplace (city or place) (State or Country)	(years) 20. Color or race White   21 Age at last birthday 3/ (years) 22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill,	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	ast engaged in this work 20. 10tal time (years) spent
27. What prophylactic was used to prevent Ophthalmia	Neonatorum? 19 in this work 15 19
	is birth and including this child) and now living 4 (b) Born alive but now dead (c) Stillborn
29. If stillborn, months period of gestation.	30. Cause of stillbirth. Review Before labor  During labor
CERTIFICATE OF ATTE I hereby certify that I attended the birth of this child, w	who wasatat at m. on the date above stated
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.	(Signed) 0-6, Carasow M. I
Give name added from a supplemental report(Date of)	Address Lewister Man Midwiff
Recistore	Filed FFR 8 1939 198 Page 1939 Page 1939



County of Mezperce Bureau of Vittal Statestics  CERTIFICATE OF DEATH  State File No.  Registration District No.  (No. St. Joseph Hospital  (a) Residence No.  (No. St. Joseph Hospital  (a) Residence No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth' yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS.  SEX 4. Color or Race 6. Single, Married, Widowed or Divorced (write the word)  5a. If married, widowed or divorced  HUSBADD of (or) Wiffe of a DATE OF BIRTH (month, day, and year) 1/25/1939  6. DATE OF BIRTH (month, day, and year) 1/25/1939  7. AGE Years Months Days If LESS than or U. min.  8. Trade, profession, or particular kind of work done, as splaner, ed at this occupation (mo. and yr.)  5a. If married, widowed, or divorced HUSBADD of (or) Wiffe of (and the word)  5a. If married, widowed or divorced HUSBADD of (or) Wiffe of (and the word)  5a. If married, widowed or divorced HUSBADD of (or) Wiffe of (and the word)  5a. If married, widowed or divorced HUSBADD of (or) Wiffe of (and the word)  5a. If married, widowed or divorced HUSBADD of (or) Wiffe of (and the word)  5a. If married, widowed or divorced HUSBADD of (or) Wiffe of (and the word)  5a. If married, widowed or divorced HUSBADD of (or) Wiffe of BIRTH (month, day, and year) / 25/1939  7. AGE Years Months Days If LESS than or U. min.  5a. Trade, profession, or particular kind of work done, as splaner, or U. min.  5b. State File No.  11as State File No.  MEMOLAL CENTIFICATE of DEATH  21. DATE OF DEATH (month, day and year) / 25/98  11as saw blue alive on Highly Centrify. That I attended deceased from the date stated above, at 1/3 and to have occurred on the date stated above, at 1/3 and to have occurred on the date stated above, at 1/3 and to have occurred on the date stated above, at 1/3 and to have occurred on the date stated above, at 1/3 and to have occurred on the date stated above, at 1/3 and to have occurred on the date stated above, at 1/3 and to have occurred o	PLACE OF DEATH STATE OF ID	AHO •
CERTIFICATE OF DEATH  State File No.  (No. St. Joseph Hospital  (If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME Died Unnamed  (a) Residence No.  (Usual place of abode)  (Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth' yrs. mos. ds.  FERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Race 5. Single, Married, Widdon's Worded (vrite the word)  5a. If married, widowed, or divorced (write the word)  5a. If married, widowed, or divorced (write the word)  5a. If married, widowed, or divorced (write the word)  5b. DATE OF BIRTH (month, day, and year) 1/25/1939  6. DATE OF BIRTH (month, day, and year) 1/25/1939  6. DATE OF BIRTH (month, day, and year) 1/25/1939  7. AGE Years Months Days If LESS than a like on the date stated above, at Like years of the work done, as spinner, saver, both or work done, as spinner, work was done, as sulk mill, saw mill, bank, etc.  10. Date deceased last work work as done, as sulk mill, saw mill, bank, etc.  11. Total time (years) spent in this occupation (mo. and yr.)  12. BIRTHPLACE (city or town) LeTiston (State or country) Idaho  13. NAME Otto Brammer  14. BIRTHPLACE (city or town) Johnston (State or country) Washington  15. MalDen name Goldie Hill  16. BIRTHPLACE (city or town) Johnston  (State or country) Washington  17. INFORMANT Otlo Brammer  (Address) Gifford Idaho  18. BURIAL (REMATION or REMONAL) 25/39;83  19. UNDERTAKER H. R. Merchant  (Address) Clarkston, Illustrum M. D.  19. UNDERTAKER H. R. Merchant  (Address) Clarkston, Illustrum M. D.  19. UNDERTAKER H. R. Merchant  (State or country) M. D.  10. Date deceased last cort.  (State or country) Relation of the country was related to occupation of deceased?  (State or country) R. D.  10. Date deceased last work.  11. Total time (years) spent in this occupation of the case of the date stated above, at Like the word.  12. BIRTHPLACE (city or town) Johnston  (State or country) Washington  13. Many Order of	DEPARTMENT OF PUB	LIC WELFARE DO NOT WRITE IN THIS SPACE
Registration District No.  Primary Registration District No.  (No. St. Joseph. Hospital)  (If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME   j.ed   Uninamed    (a) Residence No.  (busing place of abode)  Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS.  3. SEX   4. Color or Race   5. Single, Married, Widow or Divorced (write the word)  In Hisband of (or) Wife of an H married, widowed, or divorced (write the word)  DATE OF BIRTH (month, day, and year)   /25/1939    6. DATE OF BIRTH (month, day, and year)   /25/1939    7. AGE Years   Months   Days   If LESS than   day hrs.    8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was cone, as silk mill, saw, etc.    10. Date decreased lass work:   11. Total time (years) eff of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was cone, as silk mill, saw, etc.    10. BIRTHPLACE (city or town)   I Total time (years) eff of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw will, saw, etc.    12. BIRTHPLACE (city or town)   I Total time (years) eff of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw that is the principal cause of death and related causes of importance were as follows:    Date of onset		F DEATH
(If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME	CLKIIIOAIL O	State File No
(If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME	Registration District No	Total Basistanula No
(If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME	Primary Registration Distric	t No
2. FULL NAMEji_edUnitemed  (a) Residence No.  (If nonresident give city or town and state)  (If nonresident give city or town, and state)  (If nonresident give city or town had state)  (If nonresident give city or town and state)  (If nonresident give city or town, and state)  (If DaTH  (If nonth, day and year) / 2月96 C  21 HREEPS CERTIFY. That I attended deceased from 1939 cert of the word)  (If any hrs. or DaTH (month, day and year) / 2月96 C  21 HREEPS CERTIFY. That I attended deceased from 1939 cert of the word)  (If any hrs. or DaTH (month, day and year) / 2月96 C  (If any hrs. or DaTH (month, day and year) / 2月96 C  (If any hrs. or DaTH (month, day and year) / 2月96 C  (If any hrs. or DaTH (month, day and year) / 2月96 C  (If any hrs. or DaTH (month, day and year) / 2月96 C  (If any	(No. St. Joseph of the American of Institution.	ospital) give its name instead of street and number)
(a) Residence No	·	
(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS.  3. SEX  4. Color or Race bin 12  White word by 15  Milla White White Sa. II married, widowed, or divorced the word)  5a. II married, widowed, or divorced the word)  6. DATE OF BIRTH (month, day, and year) 1/25/1939  7. AGE Years Months Days If LESS than I		
SEX   4. Color or Race   5. Single, Married, Widowed or Divorced (write the word)	(771 wises of abods)	(If nonregident give city or fown and state)
3. SEX  4. Color or Race of Married, Widowed or Divorced (write the word)  5a. If married, widowed, or divorced the word)  5b. AIF married, widowed, or divorced the word)  6b. Date OF BIRTH (month, day, and year) 1/25/1939  7. AGE Years Months Days If LESS than 1 day have occurred on the date stated above, at 10 day have occurred on the date stated a		
Mile   White   owed or Divorced (write the word)		
Lin   Barried, widowed, or divorced HUSBAND of (or) WIFE of   1934   1034   1934   1034   1934   1034   1		21. DATE OF DEATH (month, day and year) /25%
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1/25/1939 7. AGE Years Months Days If LESS than 1 day hrs. or O. min.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked this soccupation (state or country) Idaho  12. BIRTHPLACE (city or town) LeTiston (State or country) Idaho  13. NAME Otto Brammer  14. BIRTHPLACE (city or town) Gifford (State or country) Idaho  15. MAIDEN NAME Goldie Hill 16. BIRTHPLACE (city or town) Johnston (State or country) Washington 17. INFORMANT Otto Brammer  18. BURIAL CREMATION OR REMOVAL Place (Ity or town, country) Response of injury occurred in industry, in home, or in public place  19. UNDERTAKER H. R. Morehant (Address) Clarkston, in the state of the date stated above, at the following:  10. The principal cause of death and related causes of importance were as follows:  10. Date of cause of index and related causes of importance were as follows:  11. Total time (years) spent in this occupation  12. BIRTHPLACE (city or town) LaTiston (State or country) Idaho  13. NAME Otto Brammer  14. BIRTHPLACE (city or town) Johnston (State or country) Washington  15. MAIDEN NAME Goldie Hill  16. BIRTHPLACE (city or town) Johnston (State or country) Washington  17. INFORMANT Otto Brammer  18. BURIAL CREMATION OR REMOVAL PlaceGIITOR Idaho  18. BURIAL CREMATION OR REMOVAL PlaceGIITOR Idaho  19. UNDERTAKER H. R. Morehant (Address) Clarkston, M. D.  19. UNDERTAKER H. R. Morehant (Address) Clarkston, M. D.	1	22 I HEREBY CERTIFY, That I attended deceased from
to have occurred on the date stated above, at A. m.  NAGE Years Months Days If LESS than 1 day hrs.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work ed at this occupation (mand yr.)  12. BIRTHPLACE (city or town) Leviston  13. NAME Otto Brammer  14. BIRTHPLACE (city or town) Gifford  15. MAIDEN NAME Goldie Hill  16. BIRTHPLACE (city or town) Johnston  (State or country) Washington  17. INFORMANT Otto Brammer  18. BURIAL CREMATION OR REMOVAL PlaceGifford, Ida ho  19. UNDERTAKER H. R. Merchant  (Address) Clarkston, Industry and State or country (Specify city or town, county, and state) of injury.  Nature of injury.  Nature of injury in any way related to occupation of injury in any way related to occupation of deceased?  19. UNDERTAKER H. R. Merchant  (Address) Clarkston, Industry in the section of deceased?  19. UNDERTAKER H. R. Merchant  (Sized) Clarkston, Industry in the section of decath and related causes of importance were as follows:  10. Date deceased flast worked at this occupation occupation work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was follows:  10. Date deceased last worked at this occupation occupation (State or country)  12. BIRTHPLACE (city or town) Leviston  13. NAME Otto Brammer  14. BIRTHPLACE (city or town) Johnston  (State or country) Was threa, and autopsy? Manuer of injury.  193. Where did injury occur?  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  19. UNDERTAKER H. R. Merchant  (Signed) F. Country M. D.	5a. If married, widowed, or divorced	193.7., to 193.7.
7. AGE Years Months Days If LESS than 1 day hrs. or O min.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	(on) WIFE of	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (State or country) Idaho  12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho  13. NAME Otto Brammer  14. BIRTHPLACE (city or town) Gifford (State or country) Idaho  15. MAIDEN NAME Goldie Hill (State or country) Washington  16. BIRTHPLACE (city or town) Johnston (State or country) Washington  17. INFORMANT Otto Brammer (Address) Gifford, Idaho  18. BURIAL CREMATION OR REMOVAL Place(Ifford, Idaho)  19. UNDERTAKER H. R. Merchant (Address) Clarkston, Image of injury in any way related to occupation of deceased? (Specify city in any way related to occupation of deceased? (State or injury in any way related to occupation of deceased? (Stand) (S	6. DATE OF BIRTH (month, day, and year) 1/25/1935	to have occurred on the date stated above, at
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Comparison   Com	sawyer, bookkeeper, etc	5 mondes /25/30
Comparison   Com	9. Industry or business in which	
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Name of operation Date of Matter an autopsy? Matter	(mo. and yr.) occupation	flacenta Merra
Name of operation Date of Matter an autopsy? Active State or country Idaho  14. BIRTHPLACE (city or town) Gifford (State or country) Idaho  15. MAIDEN NAME Goldie Hill (State or country) Washington (State or country) Washington  17. INFORMANT Otto Brammer (Address) Gifford Idaho  18. BURIAL CREMATION OR REMOVAL PlaceGifford, Ida Date 1/25/39193  19. UNDERTAKER H. R. Merchant (Address) Clarkston, Make of operation What test confirmed diagnosis. What test confirmed diagnosis! Was there an autopsy? Active State of exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place Manner of injury (Nature of injury Nature of injury In any way related to occupation of deceased? A fit so, specify M. D.	12. BIRTHPLACE (city or town) Lewiston	
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(State or country)  15. MAIDEN NAME Goldie Hill  16. BIRTHPLACE (city or town) Johnston (State or country) Washington  17. INFORMANT Otto Brammer (Address) Gifford, Idaho  18. BURIAL, CREMATION OR REMOVAL PlaceGifford, ida Date 1/25/39193  19. UNDERTAKER H. R. Werchant (Address) Clarkston  (State or country) Tuano  Accident, suicide, or homicide? Date of injury (Specify city or town, country, and state) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury  24 Was disease or injury in any way related to occupation of deceased? If so, specify  (Signed)  (Signed)	E 14 PERFECT ACE (sity or town) Gifford	
15. MAIDEN NAME Goldie Hill  16. BIRTHPLACE (city or town) Johnston (State or country) Washington  17. INFORMANT Otto Brammer (Address) Gifford, Idaho  18. BURIAL CREMATION OR REMOVAL PlaceGifford, ida Date 1/25/39193  19. UNDERTAKER H. R. Merchant (Address) Clarkston, Immediately occur?  (Specify city or town, county, and state)  Specify whether injury occur?  (Specify city or town, county, and state)  Specify whether injury occur?  (Specify city or town, county, and state)  Nature of injury  24 Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Specify city or town, county, and state)  Specify whether injury occur?  (Specify city or town, county, and state)  Specify whether injury occur?  (Specify city or town, county, and state)  Specify whether injury occur?  (Specify city or town, county, and state)  Specify whether injury occur?  In public place  Manner of injury  24 Was disease or injury in any way related to occupation of deceased?  (Signed)	(State or country) Idaho	the following:
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17. INFORMANT Otto Brammer in public place  (Address) Gifford, Idaho  18. BURIAL, CREMATION OR REMOVAL PlaceGifford, ida Date 1/25/39193  19. UNDERTAKER H. R. Werchant of deceased? If so, specify of deceased? (Signed)	15. MAIDEN NAME GOIGIE FILL	Where did injury occur?
17. INFORMANT Otto Brammer in public place  (Address) Gifford, Idaho  18. BURIAL, CREMATION OR REMOVAL PlaceGifford, ida Date 1/25/39193  19. UNDERTAKER H. R. Werchant of deceased? If so, specify of deceased? (Signed)	16. BIRTHPLACE (city or town) JONNS LOIL	(Specify city or town, county, and state)
(Address) Gifford, Idaho  18. BURIAL, CREMATION OR REMOVAL PlaceGifford, ida Date 1/25/39193  19. UNDERTAKER H. R. Werchant (Address) Clarkston, Image (Signed)  (Signed)  Manner of injury Nature of injury  19. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)		
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PlaceGifford, 1d8 Date 1/25/35193 Nature of Injury in any way related to occupation of deceased? If so, specify (Address) Clarkston, In (Signed) (Signed) (Signed)	18. BURIAL CREMATION OR REMOVAL	
19. UNDERTAKER H. R. WOFCHART of deceased? It so, specify (Address) Clarkston (Signed) 8. Cursow M. D.	PlaceGifford, 1d8 Date 1/25/39193	
(Address) Clarkston In (Signed) U-g. Curisow M. D.	19. UNDERTAKER H. R. Werchant	
as ETT ED Let. / 103 4 MAXIII - Tree Sections.	(Address) Clarkston, In	in a december of the second of
Registrar. (Address A. Curtaum Jul	20. FILED Tel., 193.9 Registrar	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has

To be complete an occupation return must state:

EXAMPLE I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

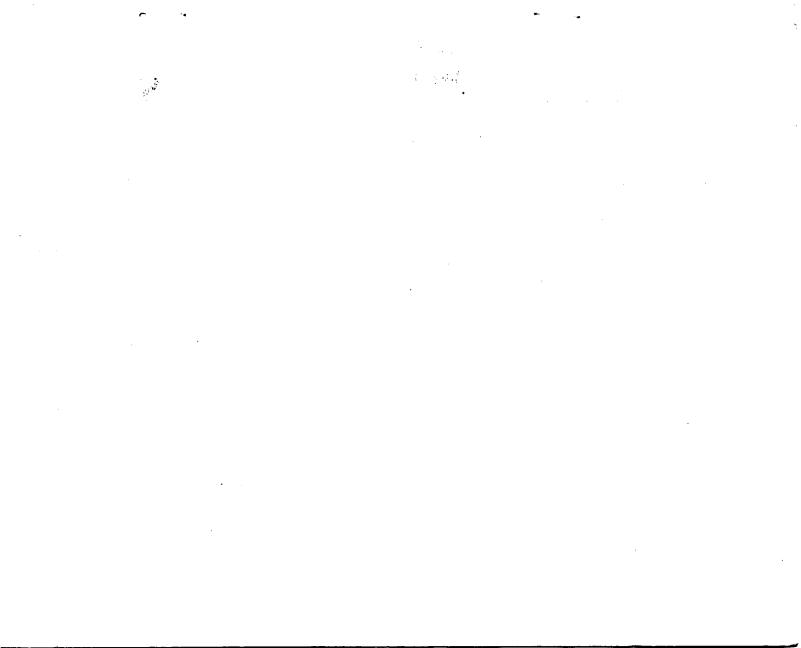
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. man and not a clerk.

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	· · · · · · · ·
			••••••
			***************************************

PLACE OF BIRTH STATE OF IDAHO FEB 10 1939 DEPARTMENT OF PUBLIC WELFARE County of of more BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH ĕ Registration District No. 1604 State File N (If born in hespital or institution give name.) Prim. Registration District No. \_\_\_\_\_\_\_Local Registrar's No. \_\_\_\_\_\_ 2. FULL NAME OF CHILD Bale Tevens 8. Date of If plural [4. Twin, triplet or other Levil 6. Premature 7. Legiti-D. N. births hirth 5. Number, in order of birth..... Fuli term..... mate? Month, Day, Year) ö 9. Full **FATHER** MOTHER 118. Full name number maiden name 10. Residence (usual place of abode) 19. Residence (usual place of shode) (If non-resident, give place and State)... NENT (If non-resident, give place and State) the 11. Color or race last | 12. Age at last birthday 33 (years) 13. Birthplace (city or place)... and 22. Birthplace (city or place)\_( (State or Country) (State or Country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, or work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, made work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work G IN in this work 9 44. ...... 19...... in this work 15 ..... 19..... 27. What prephylactic was used to prevent Ophthalma Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 4 (b) Born alive but now dead. (c) Stillborn. Placeta | Before labor..... 29. If stillborn. months period of gestation.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was at L:50 m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., } (Signed) \_\_\_\_ should make this return. ..... Midwife Give name added from a supplemental report..... child Child (Date of) 1939 Filed Bogistrar.



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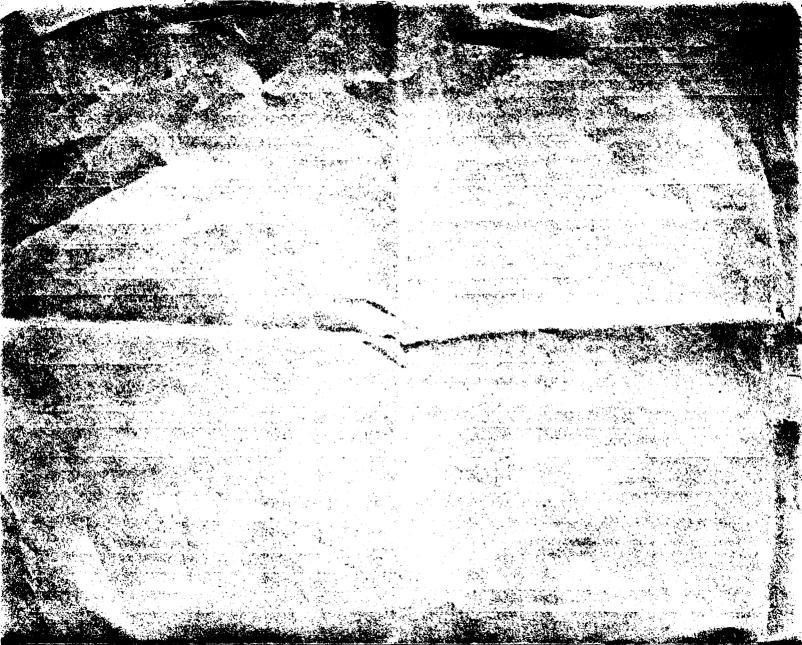
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	· · · · · · · · · · · · · · · · · · ·
E			



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE County of BUREAU OF VITAL STATISTICS DEATH CERTIFICATE OF DEATH? State File No..... Registration District No. Primary Registration District No. 2072 Local Registrar's No. important. CAUSE (If death occurred in a hespital or institution, give its name instead of street and number) der (Stillern) 2. FULL NAME (a) Residence No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mes. ds. How long in U.S., if of foreign birth? yrs. mos. ds. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year) owed or Divorced (write the word) 22 I HEREBY CERTIFY. That I attended deceased from PERMANENT 5a. If married, widowed, or divorced ....., 193...., to....., 193....., 193..... HUSBAND of I last saw h alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at..... m. 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-Months Days 7. AGE Years 1 day ..... hrs. portance were as follows: 0 Date of onset or ..... min. Still birth probably due to 8. Trade, profession, or particular compression of the cord which kind of work done, as spinner, was wrapped twice about the childs neck. Death probable sawver, bookkeeper, etc ..... ADING INK-THIS 9. Industry or business in which work was done, as silk mill. 24 to 48 hrs.before birth. saw mill, bank, etc...... 10. Date deceased last work-11. Total time (years) be properly classified. Other contributory causes of importance: spent in this ed at this occupation (mo. and yr.) ..... occupation . should 12. BIRTHPLACE (city or town)... (State or country) Name of operation \_\_\_ Date of \_\_\_\_\_ What test confirmed diagnosis? ..... Was there an 13. NAME autopsy?..... 14. BIRTHPLACE (city or town)..... 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide? Date of injury ...... uth agner 15. MAIDEN NAME 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town)... (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address) Manner of injury..... hould be 18. BURIAL, CREMATION OR REM Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? To 10 10 (Address) (Signed) ..... ż (Address

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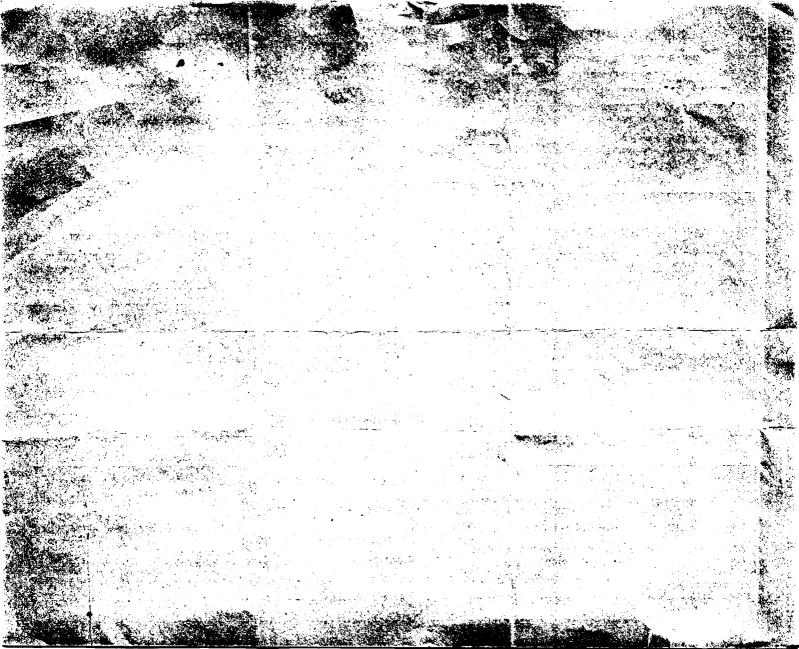
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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE II The PRINCIPAL CAUSE OF DEATH and Date of onset The PRINCIPAL CAUSE OF DEATH and Date of onset related causes of importance were as follows: related causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of import-Other CONTRIBUTORY CAUSES of importance: ance: Gallstones May 1, 1923 Gastroenteritis 1 vear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Boise, Idaho BUREAU OF VITAL STATISTICS of more CERTIFICATE OF BIRTH No. 1617 N. 24th State File No. .. S. A. Hospital Registration District No. .... Prim. Registration District No. 100 4 Local Registrar's No. (If born in hospital or institution give name.) tillbarn 2 FULL NAME OF CHILD Infant Gattron 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_\_ .... 7. Legiti-3. Sex 17 births 5. Number, in order of birth (Month, Day, Year) Full term Yes? mate? Yes PERMANENT RECORD. 9. Full FATHER 18. Full MOTHER. name maiden Ernest Markwood Cattron Ruby Viola Campbell name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Eagle-Rte. 1 (If non-resident, give place and State) Eagle-R. 1 11. Color or race White 12. Age at last birthday 53 (years) 20. Color or race White | 21. Age at last birthday 40 (years) 13. Birthplace (city or place) Naylon Was 22. Birthplace (city or place) Oregon (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, miner of work done, as housekeeper, Housewife sawyer, bookkeeper, etc. typist, nurse, clerk, etc. \_\_\_\_ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, WRITE PLAINLY WITH UNFADING INK—THIS one child at birth a Separate Return must be made work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work ...... 19..... in this work..... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......1... (b) Born alive but now dead....Q. (c) Stillborn....1... 29. If stillborn. 30. Cause of Stillbirth Vistocia During labor... months term period of gestation .... or weeks Before labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Stillborn at 5:00 and on the date above stated. I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed) should make this return. R. Douse Give name added from a supplemental report..... (Date of) Registrar.



1. PLACE OF DEATH	VISION OF PUBLIC HEALTH TE OF DEATH  Registered No
County of BOISE Registration City of BOISE Primary Reg. SALVATION ARMY MATTERNITY HOME Local Registr (Home, Hospital or Institution)	Dist. No.: 1004 hospital or institution give its name instead of
Length of residence in County Yrs. Mos. Days where death occurred	How long in U. S. if of foreign Yrs. Mos. Days birth?
2. FULL NAME BABY CATTRON	
(a) Residence: EAGLE, IDAHO	(If non-resident give city or county and state)
AND ATTACLE DARTICILIADO	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. MALE FEMALE Vellow, Red FEMALE WHITE FEMALE VICTORIAN TO Divorced (write the word) TO DIVORCED (Write the word)	21. DATE OF DEATH (month, day and year) JANUARY 14, 1939 22. I HEREBY, CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	154th 19, to
(or) Wife of  6. Date of Birth (Month, day and year) JANUARY 14, 1939  7. AGE   Years   Months   Days   Stilles than 1 day   hrs.   min.    8. Trade, profession, or particular kind of work done   Infant    9. Industry or business in which work was done    10. Date deceased last worked   11. Total time (yrs.) spent in at this occupation (month   this occupation	I last saw halive on
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  BOISE, IDAHO	Contributory causes of importance not related to principal causes
13. NAME ERNEST CATTRON  14. BIRTHPLACE (City or Town, County and State, or Country)  DAYTON, WASHINGTON	Where was disease first diagnosed?  Name of operation date of Condition for which performed
15. MAIDEN NAME RUBY CAMPBELL  16. BIRTHPLACE (City or Town, County and State, or Country)  MCMINVILLE, OREGON	Was there an autopsy? Was there an inquest?
17. SIGNATURE OF E CONST CONCON  (Address) EAGLE, IDAHO	23. If death was due to external causes, fill in also the following:  (Check) Accident—Suicide—Homicide? Date of injury  Where did injury occur?  (Specify city or town, county and state)
18. BURIAL, CREMATION OR REMOVAL Place MORRIS HILL Date 1-11-1939	Check whether injury occurred in industry home public place  Manner of injury
19. UNDERTAKER WILLIAM MCBRATNEY	24. Was disease or injury in any way related to occupation of
(Address) BOISE, IDAHO	deceased? If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  on /-/ 1989 by Registrar	(SIGNED) L TWest: M. D. (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

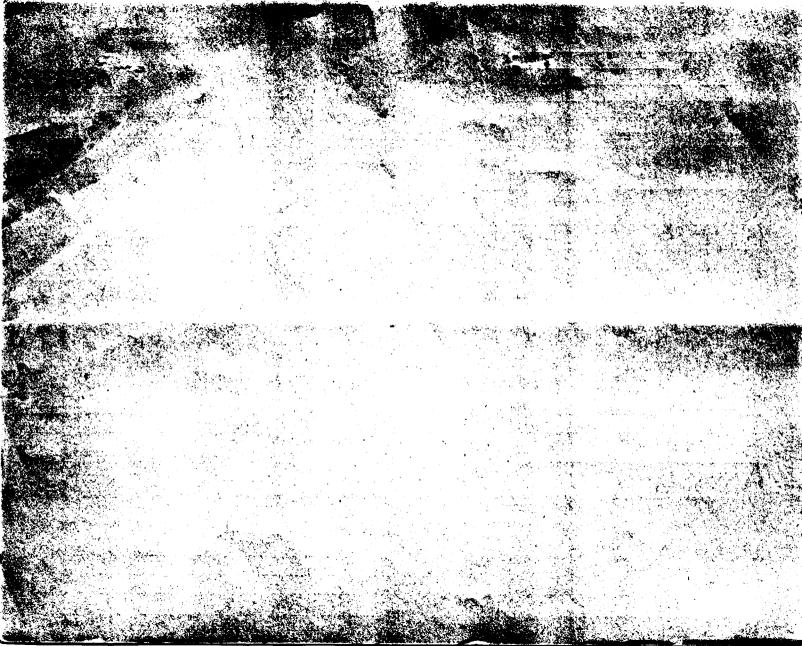
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

EXAMPLE IT

ENAME IN I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
			*****
			*******************************
***************************************			

	47.7
1. PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE	
County of BUREAU OF VITAL STATISTICS	
	206
No. A Whan Nos/o, fo/ Registration District No. 2 State File No.	OOU
(If born in hospital or institution give name.) Prim. Registration District No	17
2 FULL NAME OF OHILD Tatricis Dian Viely (Stillborn)	:
3. Sex   If plural   4. Twin, triplet, or other   6. Premature   7/Legiti-   8. Date of   birth   -2 \( \frac{1}{2} \)	194.J.
9. Full hame lay General Sieher II 18. Full maiden Better Vinginia Wijke	101
10. Residence (usual place of abods) (13 Myrtll 11. (If non-resident give place and State) (If non-resident give place and State) (If non-resident give place and State)	11
11. Color or race.   12. Age at last birthday 23 (years) 20. Color or race.   21. Age at last birthday 23	(ye <b>ars)</b>
13. Birthplace (city or place) (State or Country)  (State or Country)  (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner.	
Sawyer, bookkeeper, etc	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
16. Date (month and year)  last engaged in this work  17. Total time (years) spent  25. Date (month and year)  last engaged in this work  26. Total time (years)	spent
27. What prophylactic was used to prevent Ophthamia Neonatorum?	
28. Number of children of this mother (At time of this birth and including this child)	1
(a) Born alive and now living	year
29. If stillborn, period of gestation are the stillbirth or weeks 30. Cause of stillbirth During labor	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 29	
I hereby certify that I attended the birth of this child, who was Attached at a m. on the date above (Born Alive or Stillborn)	stated.
When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed)	, M. D. Aidwife
Give name added from	·
(Date of) 9 13 Q A. A. A.	
Registrar. Filed	trar.



1. PLACE OF DEATH

where death occurred

ALPHONSUS HOSPITAL

County of ADA

2. FULL NAME ..

Husband of

(or) Wife of 6. Date of Birth

Years

and year) ....

15. MAIDEN NAME

17. SIGNATURE OF

INFORMANT

19. UNDERTAKER

(Address)

BOI SE

20. FILED AND BURIAL OR REMOVAL PERMIT ASSUED

IDAHO

(Address)

13. NAME

(a) Residence: .

City of.

3. MALE

7. AGE

THEM AT TE

Registered No ....

hospital or

street and number.

Mos.

deceased?....

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

.....Registration Dist. No....

Primary Reg. Dist. No.....

.....Local Registrar's No.....

carefully back 8

Moth

13228 if death occurred in Institution give its name instead of

OR REMOVAL

BEFORE

FILED

BE

MUSI

CERTIFICATE

**Date of Onset** 

Yr. | Mo. | Day

39

24. Was disease or injury in any way related to occupation of

. If so, specify

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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\$1

EXAMPLE IT

Establi ing 1		EAAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
	***************************************		****************
*			

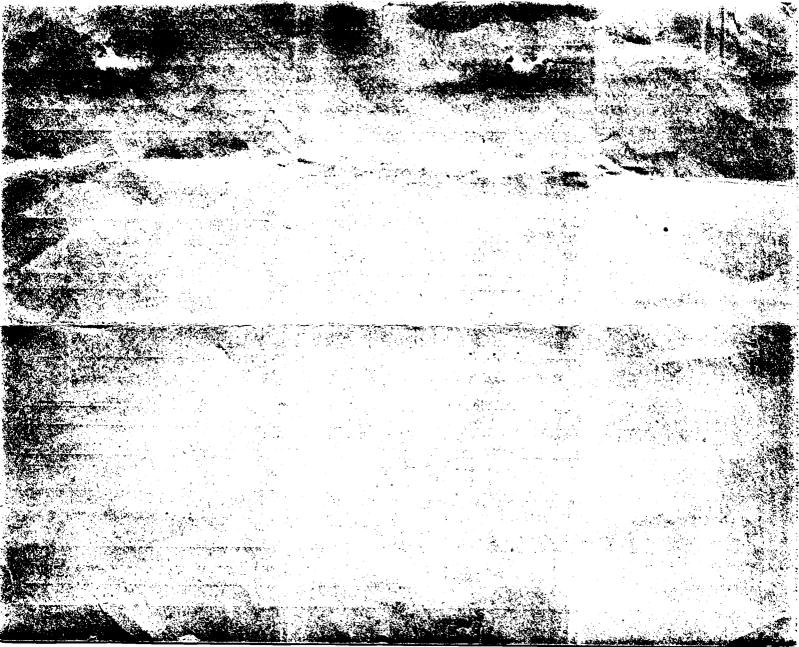
STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of Bannock BUREAU OF VITAL STATISTICS City of Pocatello CERTIFICATE OF BIRTH No. 101 South Johnson Registration District No. 26 State File No. 277387 Pocatello General Hospital Prim. Registration District No. 2161 Local Registrar's No. 5 (If born in hospital or institution give name,) roster. 2. FULL NAME OF CHILD..... 8. Date of 7. Legitibirth January 6 198 9 S. Sex Full term Yes mate? Yes 5. Number, in order of birth..... (Month, Day, Year) Female PERMANENT RECORD MOTHER 9. Full FATHER 18. Full name maiden Lee W. Foster Thelma Pendleton name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) 155 Randoloh (If non-resident, give place and State). Same \$ 13. Birthplace (city or place)......Sargent, Nebraska 22. Birthplace (city or place) hureks Utah (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year)

Last engaged in this work

17. of work done, as housekeeper, Clerk Housewife\_ sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, P. F. E. Own Home lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this wo 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work E LY At Present 1939 in this work.... in this work 6 vears 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... None (At time of this birth and including this child) 28. Number of children of this mother During labor..... period of gestation rull Term months WITH UN Separate 29. If stillborn. 30. Cause of Stillbirth Before labor. Yes or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW at 4 P. Mr. on the date above stated. I hereby certify that I attended the birth of this child, who wes ..... Still-horn. (Born Alive or Stillborn) When there was no attending physician ? (Signed) W. dus or midwife, then the father, householder, etc., should make this return. ...., Midwife Give name added from WRITE one child a supplemental report..... (Date of) one Registrar. Registrar.



ion in uc-	County of County	LIC WELFARE DO NOT WRITE IN THIS SPACE
information DEATH in See instruc-	city of Pocatollo, CERTIFICATE O	A 4 4 14 16 16 16 16 16 16 16 16 16 16 16 16 16
	Registration District No	t No Local Registrar's No
n of g OF ant.	(No	· · · · · · · · · · · · · · · · · · ·
ry item o	(If death occurred in a hospital or institution, 2. FULL NAME	
Every state CA story im	(a) Residence No	(If nonresident give city or town and state)  rs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ECORD should TION is	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
RECORD S should PATION is	3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the work)	21. DATE OF DEATH 22.1 HEREBY CERTIFY That I attended deceased from
4 安置 1	5a. If married, widowed, or divorced HUSBAND of	/I last saw h 2 abo on 6 1939 death is said
R BINDING ERMANENT PHYSICIAL tent of OCCU	6. DATE OF BIRTH (month) and year 0 , 1939	to have occurred on the date stated above, a.5 . m.
Pre-	7. AGE Years Months Days If LESS than 1 day hrs. min.	The principal cause of death and related causes of importance were as follows:  Date of onset
ED FOR SA CTLY state	8. Trade, profession, or particular kind of work done, as spinner,	Hillson.
G P H C	kind of work done, as spinner, sawyer, bookkeeper, etc	
	work was done, as silk mill, saw mill, bank, etc. 11. Total time (years)	Other contributory causes of importance:
NRGIN R NG INK— Id be stat classified	ed at this occupation spent in this occupation coccupation	Rumalia
3 34 44 74	12. BIRTHPLACE (city or town) (State or country)	Name of peration Date of
Sh	13. NAME Le. W. Haster  14. BIRTHPLACE (city or town) Sargent	What test confirmed diagnosis? Was there an autopsy?
HH 1	14. BIRTHPLACE (city or town) argent (State or country)	23. If death was due to exter'l causes (violence) fill in also the following:
CX, WITH supplied.	15. MAIDEN NAME (/ helma Pandellos	Accident, suicide, or homicide? Date of injury
	15. MAIDEN NAME / helma Pandellos  16. BIRTHPLACE (city or town)  (State or seguntry)	Where did injury occur?(Specify city or town, county, and state)
LA eful so t	17. INFORMANT X & W, Yaster	Specify whether injury occurred in industry, in home, or in public place
RITE E	(Address) Scattle Work  18. BURIAL, CREMATION OR REMOVAL	Manner of injury
-WRITE could be can terms on on bac	Place Detection of 1937	Nature of injury 24 Was disease or injury in any way related to occupation
ş <b>m</b>	19. UNDERTAKER (Address) Pocolello Adah	of deceased?If so specify
Ż	20. FILED 1939 Registrar.	(Address Catalog
3		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

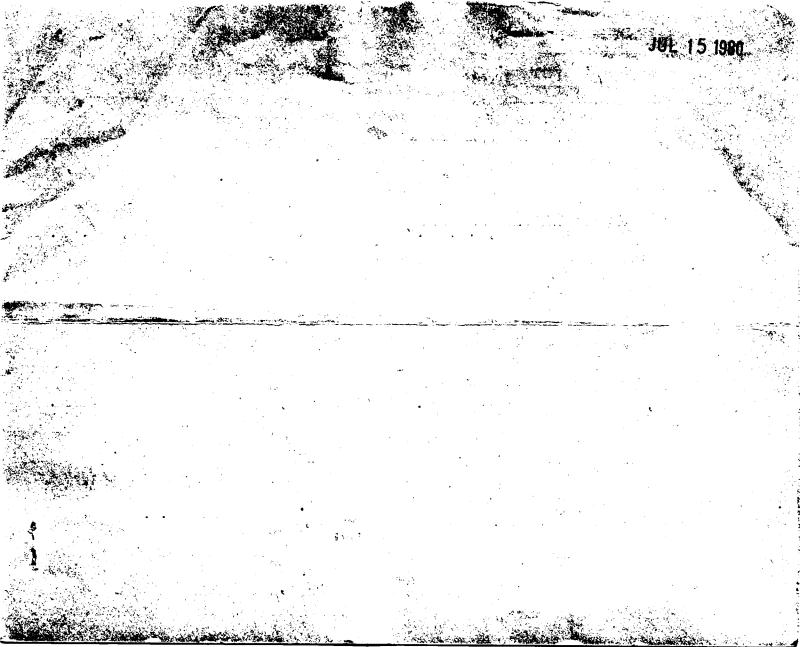
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	



B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

ż

PLACE OF DEATH	STATE OF ID.		DO NOT WRITE	THE PRINTS AD LOTS
County of Benewah	DEPARTMENT OF PUBI BUREAU OF VITAL		DO NOT WRITE	IN THIS SPACE
1	CERTIFICATE O			113231
City of Near Plummer	•		State File No	
	Registration District No	71 1		
,, ,,,,,,,,	Primary Registration District (NoAt Home d in a hospital or institution, gi	t No	Local Registrar's	No
" " " Jo "	(No. At Home		· ,	· · · · · · · · · · · · · · · · · · ·
Toff death occurre	d in a hospital or institution, gi	ve its name instead	of street and number)	/
2. FULL NAME Atilloo	woody Berthol	<b>f</b>	************	
(a) Residence. No. Re.		aho.	.st	
(Usual place of abode) Length of residence in city or tow	) The where death occurred. The vis.	(If nonre	sident give city or tov	vn and state)
PERSONAL AND STATE		r	AL CERTIFICATE OF	
	ce 5. Single. Married, Widow-	<b></b>		
Female White	ed or Divorced (write the	21. DATE OF DE	ATH (month, day and	year)Jan/15193
5a. If married, widowed, or di	Single	22, I HEREBY C	ERTIFY, That I atter	nded deceased from
HUSBAND of (or) WIFE of #####	тилини Плинини		., 193, to	193
6. DATE OF BIRTH (month, d	######## lay, and year)	[]	live on 1	
January	15, 1939 Days   If LESS than		on the date stated above of death and relate	
7. AGE Years Months	Days If LESS than I day hrs.	_tance were as	_	Date of onset
Stillborn	ff or min.	Monstra	an John	CRIT
8. Trade, profession, or part kind of work done, as a	icular None	aliena	she	
sawyer, bookkeeper, etc.	**********	Coranio	arlischise	<b></b>
kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in work was done, as silk man mill. bank, etc  10. Date deceased last work ed at this occupation	nill. None	Spina	Bfida)	
saw mill, bank, etc		Still	on/	
ed at this occupation (mo. and yr.)	spent in this No	Other contribut	ory causes of importan	ce:
	D3			
12. BIRTHPLACE (city or tow (State or country)	Plummer Idaho			
E 13. NAME Ora	C. Bertholf			
13. NAME OF	Telron World	Name of operatio	n	Date of
13. NAME Ora  14. BIRTHPLACE (city or (State or country)	town)	What test confirm	ed diagnosis? Was	there an autopsy?
	tle Jessen		due to exter'l causes (	violence) fill in also
	T 1-1-	the following: Accident, suicide,	or homicide? D	ate of injury, 193.
5 16. BIRTHPLACE (city or (State or country)	washingt	Where did injur	y occur?	
17 INFORMANT Ora C	• Bertholf	II .	pecify city or town, conjury occurred in <b>indu</b>	
(Address) R. F. 1	Plummer, Idaho			
18. BURIAL, CREMATION OR	REMOVAL	Manner of injury	·	
Place. Tekoa, Was		Trestand of majery		
1 10, 02112 1111111111111111111111111111	neral Director.	i	r injury in any way r	elated to occupation
(Address)	John fort	of deceased? (Signed)	BBBlenson	M. D
20. FILED Jan. Y , 193. J.	Registrar.	(Address)	Tekoa, Vashi	ngton.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

County of County of County of County of City o
City of City o
Registration District No.  State File No.  (If born in hospital or institution give name.) Prim. Registration District No.  2. FULL NAME OF CHILD  3. Sex births  5. Number, in order of birth  Full term  10. Residence (usual place of abode)  (If non-resident, give place and State)  11. Color or race.  12. Age at last birthday.  13. Birthplace (city or place)  (State or Country)  Registration District No.  10. Local Registrar's No.  11. Local Registrar's No.  12. Legiti-  13. Full mate?  14. Twin, triplet, or other.  6. Premature.  7. Legiti-  18. Full mate?  19. Residence (usual place of abode)  (If non-resident, give place and State)  19. Residence (usual place of abode)  (If non-resident, give place and State)  20. Color or race.  (State or Country)
Registration District No.  State File No.  (If born in hospital or institution give name.)  Prim. Registration District No.  FULL NAME OF CHILD.  If plural 4. Twin, triplet, or other.  births 5. Number, in order of birth.  Full term.  The mate?  MOTHER  name  10. Residence (usual place of abode)  (If non-resident, give place and State)  11. Color or race.  12. Age at last birthday.  13. Birthplace (city or place)  (State or Country)  Registration District No.  10. Local Registrar's No.  11. Legitibirth 8. Date of birth mate?  12. Legitibirth mate?  13. Full maiden name  14. Twin, triplet, or other.  15. Full term.  16. Full term.  17. Legitibirth mate?  18. Full maiden name  19. Residence (usual place of abode)  (If non-resident, give place and State)  19. Residence (usual place of abode)  (If non-resident, give place and State)  20. Color or race.  (State or Country)
(If born in hospital or institution give name.)  Prim. Registration District No.  Local Registrat's No.  Registration District No. Registration Distr
2. FULL NAME OF CHILD  3. Sex  If plural 4. Twin, triplet, or other 6. Premature 7. Legitibirths  5. Number, in order of birth Full term mate? 4. Mother mate? 4. Mother mate? 4. Mother mate mate? 4. Mother
3. Sex   If plural   4. Twin, triplet, or other   6. Premature   7. Legiti-   birth   birth   5. Number, in order of birth   Full term   mate?     Mother   birth   bi
3. Sex births 5. Number, in order of birth Full term mate? 4. Legitibirth 5. Number, in order of birth Full term MOTHER maiden name 10. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 25. (State or Country) 8. Date of birth birth MOTHER maiden name 10. Legitibirth MOTHER maiden name 11. Color or race 12. Age at last birthday 25. (State or Country) 8. Date of birth MOTHER maiden name 12. Legitibirth MOTHER maiden name 13. Sex MOTHER maiden name 14. Color or race usual place of abode) (If non-resident, give place and State) 12. Age at last birthday 25. (State or Country)
birth   5. Number, in order of birth   Full term   mate?   birth   MOTHER
9. Full FATHER  name  10. Residence (usual place of abode)  (If non-resident, gree place and State)  11. Color or race. Links 12. Age at last birthday 2. (years)  18. Birthplace (city or place)  (State or Country)  18. Full MOTHER  maiden  name  19. Residence (usual place of abode)  (If non-resident, give place and State)  20. Color or race Links   21. Age at last birthday 2. (State or Country)
name  10. Residence (usual place of abode)  (If non-resident, give place and State)  11. Color or race. It al. 12. Age at last birthday (years)  13. Birthplace (city or place)  (State or Country)  14. Trade, profession, or particular
10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race. It ali 12. Age at last birthday 20. (years)  18. Birthplace (city or place) (State or Country)  14. Trade, profession, or particular
(If non-resident, give place and State)  11. Color or race. 12. Age at last birthday 26 (years)  18. Birthplace (city or place)  (State or Country)  14. Trade, profession, or particular
11. Color or race. 12. Age at last birthday 20. (years)  13. Birthplace (city or place)  (State or Country)  14. Trade, profession, or particular
13. Birthplace (city or place)  (State or Country)  22. Birthplace (city or place)  (State or Country)  (State or Country)  14. Trade, profession, or particular
(State or Country) (State or Country)  14. Trade, profession, or particular
14. Trade, profession, or particular
kind of work done, as spinner,
II O DAW YOL DOUR RECORD PLC ( X CC C TYPE C   IEI A A
21. Industry or business in which
work was done, as silk mill, sawmill, bank, etc. work was done, as own home, lawyer's office, silk mill, etc.
a   \textsquare   \textsquare
last engaged in this work
in this work 19 in this work 19 in this work
21. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother  (At time of this birth and including this child)  (a) Born alive and now living
(a) Born alive and now livingQ (b) Born alive but now deadQ (c) Stillborn
29. If stillborn, period of gestation full term { months or weeks   30. Cause of Stillbirth Makes   During labor   Before labor
GENERAL COLUMN C
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was a still a sti
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., (Signed)
should make this return.
B dive hame added from
(Date of)
Registrar. Filed 7 7 , 193 Registrar.
· · · · · · · · · · · · · · · · · · ·



1. PLACE OF DEATH	STATE OF IDAHO — DI	vision of public health TE OF DEATH	Registere	L. No	LIOK
1. PLACE OF DEATH  County of Bonneville  City of Idaho Falls, of Management (Home, Hospital or Instit	Registration Primary Reg.	Dist. No	if hospit give   street	death oc al or its name and num	curred in institution instead of nber.
(Home, Hospital or Institution of residence in County where death occurred	Yrs. Mos. Days	How long in U. S. If of foreign birth?	Yrs.	Mos.	Days
FULL NAME Orien Co	oper Falls, Idaho	(If non-resident give city	or county	and state	
		MEDICAL CERTIFI			<u> </u>
PERSONAL AND STATIST MALE 4. White, Black, FEMALE Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH Januar			
ale White		22. I HEREBY CERTIFY, That I	attended d	leceased i	
Husband of (or) Wife of  Date of Birth (Month, day and year) Janual  AGE Years Months Day  Still-birt  8. Trade, profession, or particular  9. Industry or business in which at this occupation (month)	y 30-1939 ys If less than 1 day hrs. min. ar kind of work done	I last saw h alive on	ed above, at id related onset were	_19 I	
10. Date deceased last worked at this occupation (month and year)	County and State, or Country)	Contributory causes of importance related to principal causes	not		
13. NAME Stanley A. 14. BIRTHPLACE (City or Town Idaho Falls,	County and State, or Country)	Condition for which performed	de	ite of	
15. MAIDEN NAME Berths 16. BIRTHPLACE (City or Town Shelton-Ide	, County and State, or Country)	What test confirmed diagnosis? Was there an autopsy?	Was there	an inque	
7. SIGNATURE OF ITS GOO.  (Address) Idal: 0 Fa.  8. BURIAL, CREMATION OR REA	lls. Idaho	(Check) Accident—Suicide—Homic	y occur? ity or town, industry	county s	nd state)
Place Shelton-Idaho 9. UNDERTAKER Jack A (Address) Idaho F	. Wood alls. Idaho	Nature of injury  24. Was disease or injury in an deceased? If so, specify	y way rela	ted to o	ccupation c
Feb.1 192 by	Registrar	(SIGNED) I'.B.Wooley (Address) Tdaho	Falls	, Idah	<u>M</u> . E

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

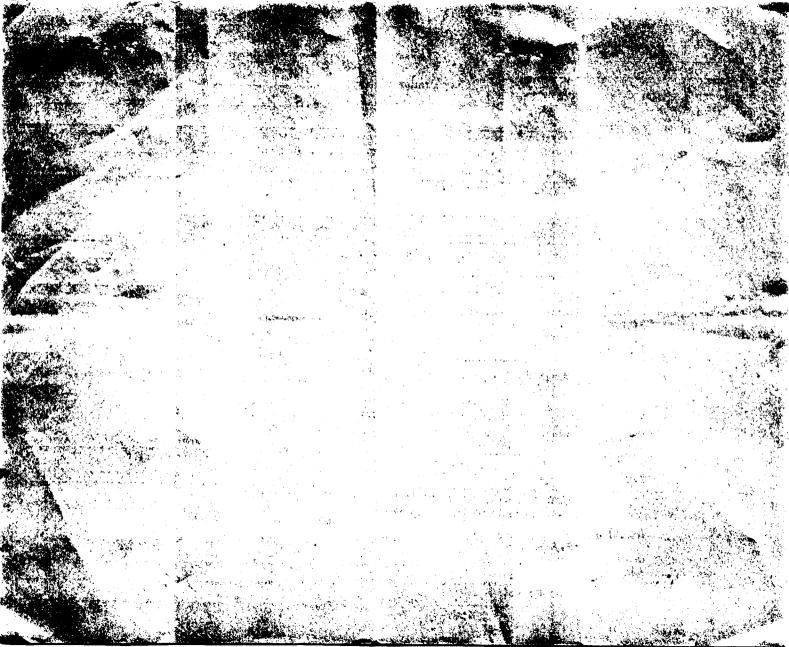
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week	ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days	ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 yes	<u>ar</u>
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
			*******	·····

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS MIAK Y County of\_ CERTIFICATE OF BIRTH City of. No. 귫 State File No. Registration District No. Prim. Registration District No. 1006 Local Registrar's No. (If born in hospital of institution a 2. FULL NAME OF CHILD KUBY LAVON 8. Date of 6. Premature 7. Legiti-If plural [4. Twin, triplet. or other... hirth... 3. Sex 5. Number, in order of birth Full term... mate? (Month, Day, Year) RECORD. MOTHER 18. Full FATHER 9. Full maiden name name 10. Residence (usual place of abode) 119. Residence (usual place of abode) (If non-resident, give place and State) 2/6-/4 Thlus (If non-resident, give place and State) 2/6-14 11. Color or race white | 12. Age at last birthday 2 6 (years) 20. Color or race white | 21. Age at last birthday 2 (years) 13. Birthplace (city or place) .... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner. typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. ...... sawmill, bank, etc. ..... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work KK in this work. 4 411 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother Before labor..... months 30. Cause of Stillbirth 29. If stillborn, During labor or weeks period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at /// m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician ? (Signed) or midwife, then the father, householder, etc., should make this return. or ..... Give name added from a supplemental report..... Address (Date of) Begistrar.



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE information County of Garry or DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH City of Marie State File No...... Primary Registration District No. 1006 Local Registrar's No. 3 (No mercy Hasheled) (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Ruke Levon Freeman (a) Residence No. /803-(If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. OCCUPATION 5. Single, Married, Wid-4. Color or Race 21. DATE OF DEATH (month, day and year) 2 /2 193/ 3. SEX owed or Divorced (write the word) single 22 I HEREBY CERTIFY. That I attended deceased from 2-2 193 **9**, to 2-2 193 **9** 5a. If married, widowed, or divorced HUSBAND of I last saw h alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at...... m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of im-If LESS than Days Years Months 7. AGE 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation occupation ..... (mo, and yr.) ..... 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of 13. NAME W.O Zue What test confirmed diagnosis?....... Was there an autopsy?..... 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME 193..... Where did injury occur? 16. BIRTHPLACE (city or town). (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place 17. INFORMANT (Address) 7 Manner of injury 18. BURIAL, CREMATION OF REMOVAL Nature of injury 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? Zla If so specify (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDANO DEPARTMENT OF PUBLIC WELFARE County of Lanum BUREAU OF VITAL STATISTICS City of //ana birth CERTIFICATE OF BIRTH No. WRegistration District No. State File No. . Prim, Registration District No. 1006 Local Registrar's No. (If born in hospital or institution give name.) FULL NAME OF CHILD..... 8. Date of If plural (4, Twin, triplet, or other 6, Premature 7. Legiti-birth... hirths Full term Mes 5. Number, in order of birth...... mate? (Month, Day, Year) 9. Full MOTHER FATHER 18. Full name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) Manual 11. Color or race 1 | 12. Age at last birthday 20 (years) 20. Color or race 12 | 21. Age at last birthday 17 (years) 13. Birthplace (city or place)..... (State or Country) Odeks (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as silk mill sawmill, bank, etc. work was done, as own home, made lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (vears) spent 26. Total time (years) spent last engaged in this work last engaged in this work A bresent 1939 I present 1939 in this work. in this work... UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (During labor..... 29. If stillborn. months 30. Cause of Stillbirth ..... period of gestation..... or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  $2^{5}$  A.m. on the date above stated. I hereby certify that I attended the birth of this child, who was.... (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report (Date of) Registrar.

FEB 1 0 2014

TED	
	TE OF DEATH  Registered No
County of AMAGA Registration Primary Reg.	Dist. No
Length of residence in County Yrs. Mos. Days	How long in U. S. if of foreign Yrs. Mos. Days
where death occurred	birth?
(a) Residence: Manga, Stato.	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year) Let 23 1939
ba. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from July 2 3. 1939
Husband of (or) Wife of	I last saw h alive on 19 Death is said
6. Date of Birth (Month, day and year)  Years   Months   Days   If less than 1 day	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were    Date of Onset     Yr.   Mo.   Day
7. AGE hrs. min. min. s. 1 8. Trade, profession, or particular kind of work done	Steeling du (1929 2 23
1 _	to Austria
9. Industry or business in which work was done	
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation	
and year)	Contributory causes of importance not related to principal causes
2. BIRTHPLACE (City or Town, County and State, or Country)	Buch presentation of large
13. NAME OSCAN MELSON	Where was disease first diagnosed?
13. NAME (City or Town, County and State, or Country)	Name of operation date of
- wand aus, significant	Condition for which performed
15. MAIDEN NAME ANALY AND 16. BIRTHPLACE (City or Town, County and State, or Country)	What test confirmed diagnosis? Church Was there an autopsy? Was there an inquest? Ma
By Will Namas	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF OSPAN ASSOCIATION	(Check) Accident—Suicide—Homicide? Date of injury
(Address) / Mamaa Scane	, 19
18. BURIAL CREMATION OR REMOVAL	Check whether injury occurred in industry home public place
Xa, The allan	
19. UNDERTAKER MAMMA, SARK	24. Was disease or injury in any way related to occupation of deceased?
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased? // If so, specify
Mary 3 199 m Luda Nodgers	(SIGNED) Labor to revell M. D.
(Date) Registrar	(Address)

1. 1 20 makes

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE T

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Galistones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		

-In case of more than in order of birth stated. 1. PLACE OF BIRTH STATE OF EDAEO DEPARTMENT OF PUBLIC WELFARE County of Garibou BURBAU OF VITAL STATISTICS City of Sont Bond nes Idaho RTIFICATE OF BIRTH ation District No .....State File No..... (If born in hospital or institu-Prim. Registration District No. >159 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD Baby boy Sims A D 4. Twin, triplet, or other......... 6. Premature.... 7. Legiti-If plural 3. Sex M 8. Date of births mete Yes 5. Number, in order of birth.... RECORD. Full term. 9. Full FATHER 18. Full MOTHER number name maiden Minnie Bearden Newt Sims name 10. Residence (usual place of abode) Wyo 19. Residence (usual plan he store) Wyo. LaBarge, ENT the (If non-resident, give place and State).... (If non-resident, give place and State) 11. Color or race.W.... | 12. Age at last birthday...34(years) 20. Color or race...W.... | 21. Age at last birthday................(years) PERMANE (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper. Sor typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which must be made work was done, as own home. lawyer's office. silk mill, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFALING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.....(b) Born alive but now dead......(c) Stillborn I.... Fremature detatchment of Before labor..... months 29. If stillborn. or weeks 30. Cause of stillbirth period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFED: I 5PM 4 I hereby certify that I attended the birth of this child, who was......stillhoun... m. on the date above stated. PLAINLY Id at birth When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from Address Soda Springs, Idaho chil a supplemental report..... Registrar. Registrar.

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CONTINUATE OF ATTEXT ING 19 (FRITAN 10) MINERALLY

STATE OF IDAHO PHYSICIANS should state OCCUPA-PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of... Caribou CERTIFICATE OF DEATH State File No. Soda Sorings Registration District No Primary Registration District No. Local Registar's N RECORD. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Baby boy Sims (a) Residence, No. LABARG. WYO (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERMANENT EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SPACE 4. Color or Race 5. Single. Married. Widow-21. DATE OF DEATH (month, day and year)  $\frac{1}{10}$ ed or Divorced (write the Male White W word) Single 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced stated HUSBAND of (or) WIFE of Child 39 6. DATE OF BIRTH (month, day, and year) Jany 10th 1959 2 to have occurred on the date stated above, at ... 7. AGE Years Months Days If LESS than The principal cause of death and related causes of importance UNFADING INK-THIS should 1 day ..... hrs. were as follows: Date of onesi No life or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, Still porn OCCUPATION AGE sawyer, bookkeeper, etc. ..... 9. Industry or business in which (Premature detatchment work was done, as silk mill. saw mill, bank, etc.

10. Date deceased last work- 11. Total time (years) Placenta See instruction carefully supplied. ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation Soda Springs 12. BIRTHPLACE (city or town) (State or country) Name of operation. 13. NAME DEATH in plain Newt Pims What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (city or town) Simstown. very important. (State or country) Bearden 23. If death was due to exter'l causes (violence) fill in also the PLAINLY, information should be following: Minnie 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury....., 193.... 16. BIRTHPLACE (city of with kee ski. Where did injury occur? ..... (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in OF 17 INFORMANT public place. (Address) -WRITE Manner of injury..... 18. BURIAL, CREMATION OR REMOVAL CAUSE TION Nature of injury..... 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER deceased? U If so, specify ..... (Address) (Signed) ż 18 Kac (Address) Soda Springs, Idaho

BINDING

RESERVED

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of varlous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none,

To be complete, an occupation return must state:

- 8.—The trade, profession, or paricular kind of work done.

  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	li -	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
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덮	L PLACE OF BURTH	11º H	FATE OF TOAT	
3	County of Frankling OF	CEIVED	DEPARTMENT OF PUBLIC BUREAU OF VITAL ST	WELFARE O
4	City of Preston Stake	B 14 193	GERTIFICATE OF	
ler of birth	No. St. C	BIA	OBBITTORIE OF	BIRTH 211034
<u>=</u>	Central Memorial Historia	tegistration L	District No	ate File No.
7	(If born in hospital or institution give name.)	Prim. Registra	ation District No. 2/19 L	ocal Registrar's No
ĕ	2. FULL NAME OF CHILD Rendrich			
ם	3. Sex If plural \( \) 4. Twin, triplet, or other	6. Pr	remature7. Legiti-	8. Date of
each,	Hemale 5. Number, in order of births	h Fr	ılı term mate?	birth 3 198 (Month, Day, Year)
9	9. Full FATHER			THER
ř	name ()		maiden	<u> </u>
100	10. Residence (usual place of abode) 4		19. Residence (usual place of abo	No Bett
each, and the number of each	(If non-resident, give place and State)	n Ida	(If non-resident, give blace a	and State Valence
9	11. Color or race lukite 12. Age at last birthday	J5 (years)	20. Color or race Lutite   21.	Age at last birthday 2 3(years)
	13. Birthplace (city or place) a gase, Ital	<u>}</u>	22. Birthplace (city or place)	eston Idaho
8	(State or Country)		(State or Country)	
, 13	14. Trade, profession, or particular kind of work done, as spinner.		23. Trade, profession, or partic	per.
ž	kind of work done, as spinner, sawyer, bookkeeper, etc. Men C. 15. Industry or business in which work was done, as silk mill	ant	Z typist, nurse, clerk, etc	Mouseurge
3	[15. Industry or business in which work was done, as silk mill.		24. Industry or business in work was done, as own	
mane 10r	sawmill, bank, etc.		lawyer's office, silk mill, e	
	sawmill, bank, etc	ears) spent	of work done, as housekee typist, nurse, clerk, etc 24. Industry or business in work was done, as own lawyer's office, silk mill, e 25. Date (month and year) last engaged in this work	26. Total time (years) spent
5		_	<b>∥</b> ♥	
ř	19 in this work		19	in this work
	27. What prophylactic was used to prevent Ophtha 28. Number of children of this mother (At time		and including this child)	
3	· · · · · · · · · · · · · · · · · · ·		living (b) Born alive but n	ow dead Q (c) Stillborn 1
		onths	1	During labor
Separate Return must be made		weeks	30. Cause of Stillbirth	Before labor
	CEPTIFICATE OF	ATTENDING	PHYSICIAN OR MIDWIFE	34
8	I hereby certify that I attended the birth of this c			9 m on the date shove stated
		2314, W250 W25	(Born Alive or Stilltorn)	
	When there was no attending physician or midwife, then the father, hoseholder, etc.,	(Si	gned) O A- CC	M.D.
ן י	should make this return.		- 4	Midwife
ן בַּ	Give name added from a supplemental report.			aho -
סום כחוות של חונות א	(Date of)		111 0	Q III
9	Rev	istrar.	ed <u>Fif.</u> 198.7	Rogistrar.
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DENG-NENT RECORD. Every item of information SICIANS should state CAUSE OF DEATH in OCCUPATION is very important. See instruc-	(No Gen Mem Hosp  (If death occurred in a hospital or institution, and a serious serio	DO NOT WRITE IN THIS SPACE  State File No. 113236  Local Registrar's No. 113236  Local Registrar's No. 5  ital  give its name instead of street and number)  St.  (If nonresident give city or town and state) rs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
RECORD. S should partion is	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
	owed or Divorced (write	21. DATE OF DEATH (month, day and year) 1939 22 I HEREBY CERTIFY, That I attended deceased from
BINDING RMANENT R PHYSICIANS nt of OCCUPA	F. W the word) Single  5a. If married, widowed, or divorced	Jan. 3 193 L. to Jan 2 193 L.
	HUSBAND of (or) WIFE of	I fast saw h alive on 193 193 death is said
IND IAN IYSI of C	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at m.
	7. AGE Years Months Days If LESS than 1 day hrs. or min.	The principal cause of death and related causes of importance were as follows:
MARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT AGE should be stated EXACTLY. PHYSICIA properly classified. Exact statement of OCCI	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Premale of worth
IN REIN REIN REIN REIN REIN REIN REIN RE	Date deceased last work-   11. Total time (years)   ed at this occupation   spent in this   occupation	Other contributory causes of importance:  The sum of the grant of 193
MARGIN E. H UNFADING INK— AGE should be state be properly classified.	12. BIRTHPLACE (city or town) Preston Idaho (State or country)	Name of operation Date of
TFA E si	13. NAMEClarence Kendrick	What test confirmed diagnosis? Was there an autopsy?
} <b>±</b> 1.8	13. NAME larence Kendrick  14. BIRTHPLACE (city or town) Logan Utah (State or country)	23. If death was due to exter'l causes (violence) fill in also the following:
WI pplie may	15. MAIDEN NAME Doroth, Crockett	Accident, suicide, or homicide? Date of injury,
g PLAINLY, WIT] carefully supplied. is, so that it may !	15. MAIDEN NAME Doroth; Crockett  16. BIRTHPLACE (city or town) Preston Idaho (State or country)	Specify whether injury occurred in industry, in home, or
TE PLA e carefu rms, so back of	17. INFORMANT Clarence Kendrick (Address) Preston Idaho	in public place
RITE ] I be ca terms, n back	18. BURIAL, CREMATION OR REMOVAL Place Date	Nature of injury
N. B.—WRITE should be c plain terms tion on bac	19. UNDERTAKER none (Address)  20. FUED 14 8 1939 G. W. States	24 Was disease or injury in any way related to occupation of deceased? If so specify (Signed) M.D.
nonecont.	Registrar.	(Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has

To be complete an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. man and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury ant complication of the principal cause, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage	Date of onset  1915  1921  July 5, 1927	EXAMPLE II  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	Date of onset  1 week ago  1 week ago		
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year		
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

ACE OF BEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS of more birth st City of..... CERTIFICATE OF BIRTH MAK 1 Registration District No. State File No. .... case (er of Prim. Registration District No. Local Registrar's No. ..... (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date birth 6. Premature ZAA7. Legiti-If plural (4, Twin, triplet, or other..... 3. Sex 5. Number, in order of birth... Full term..... mate? (Month, Day, Year) PERMANENT RECORD. MOTHER 9. Full FATHER 18. Full maiden name name C 10. Residence (usual place of abode) Residence (usual place of abode) (If non-resident, give place and State) non-resident, give place and St 11. Color or race UU 20. Color or race 12 Age at last birthday 12. Age at last birthday (years) 13. Birthplace (city or place). 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeps ULV I M kind of work done, as spinner, June typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work WITH UNFADING INK Separate Return must b in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn Before labor..... 30. Cause of Stillbirth NO months 29. If stillborn. mos period of gestation..... or weeks During labor not know CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE 4 5 m. on the date above stated. (Born Alive or Stillern) hen there was no attending physician (Signed) ......Q or midwife, then the father, householder, etc., should make this return. RITE PLA Give name added from a supplemental report..... (Date of) Registrar.



STATE OF ID	
DEPARTMENT OF PUBL BUREAU OF VITAL	DO NOT WHILE IN THIS STROET
PLACE OF DEATH CERTIFICATE OF	1 1 1 1 2 2 2 2 2
County of Registration District No	72
CHAIR OR MAN AND CARLOS AND CARLO	Local Registrar's No
Primary Registration Distri	
(No	ts name instead of street and number.)
$1/\rho m u = 0$	
Z. FULL NAME	~.
(a) Residence. No(Usual place of abode)	(II nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos.	is. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF BACE 5. Single, Married, Widowed, or Divogred (write the word)	16. DATE OF DEATH 2
o wrong single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	17. I HEXEBY CERTIFY, That A attended deceased from
(or) WIFE of	19 4 , 19 4 , 19
6. DATE OF BIRTH (month, day and year)	that I last saw halive on, 19
7. AGE Years Months Days If LESS than 1 day	N and that death occurred, on the date stated above, at
Will odra min.	The CAUSE OF DEATH* was as follows:
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	
(c) Name of employer	CONTRIBUTORY
(c) Frame of employer	(Secondary)
9. BIRTHPLACE (city or town) While Ville	18. Where was disease contracted
(State or country)	if not at place of death?
10 NAME OF FATHER	Did an operation precede death?
2 11. BIRTHPLACE OF FATHER (city or town) J. Masurl	Was there an autonov?
11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagrams?
ydaho	(Signed) (Address Windle 9
12. MIDEN NAME OF WOTHER TO THE PARTY TO A DAM	, 19 (Address)
E VOTA CHUMPA JUGO	State the DISEASE CAUSING DEATH, or in deaths from VIOLE
18. BIRTHPLACE OF MOTHER (city of the Country)	State the DISEASE CAUSING DEATH, or in deaths from VIOLE CAUSES, state (1) MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14. Waste of Country)	19. Place of Burial, Cremation, or Removal   Date of Burial
Informant /Louinan Warn	11 /11 /10/2019 19
(Address)	Whidell was 100 3 "
15. m. Oct 3 28 (Nimenton	20. Undertaker Address
Filed Registrar	- II I VC./MMALLS/MIN PMINT (X)/ML

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be assentiated as the expectation. disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

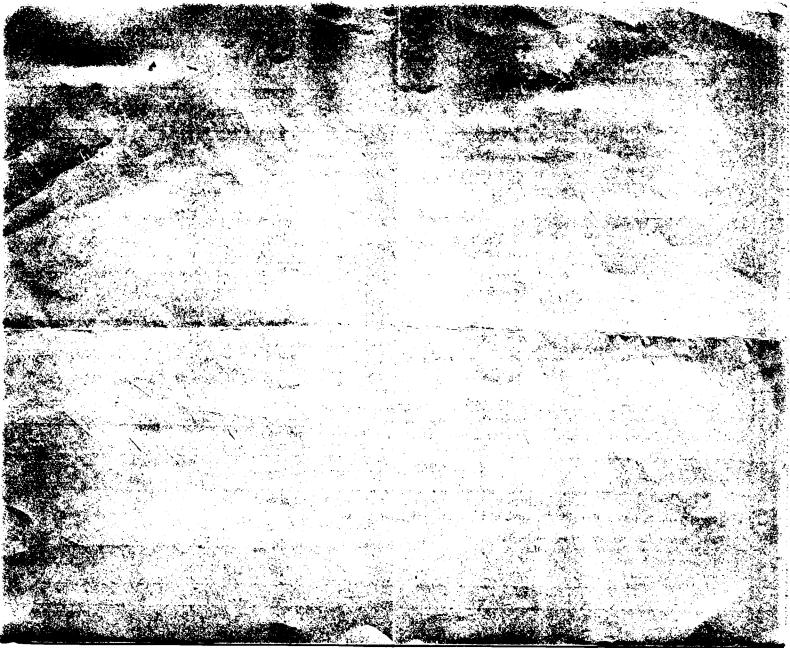
Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

10 12

RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH No. State File No. . Registration District No. . 100 Prim Registration District No. Local Registrar's No. \_ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of 7. Legiti-If plural [4. Twin, triplet, or other Lucial 6. Premature\_ 8. Sex hirth births Full term 5. Number, in order of birth..... mate? . (Month, Day, Yest PERMANENT RECORD 18. Fuff 9. Fd11 MOTHER. maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) esidence (usual place of abode)
(If non-resident, give place and State)..... (If non-resident, give place and State) 11. Color or race. 1 12. Age at last birthday (years) 20. Color or race 21. Age at last birthday (years) 22. Birthplace (city or place) Namual 13. Birthplace (city or place).... Mac. (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner. typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. ..... sawmill, bank, etc. ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? .... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living D. (b) Born alive but now dead... \_\_\_ (c) Stillborn.\_ During labor..... 29. If stillborn. months 30. Cause of Stillbirth ..... period of gestation..... or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Pm. on the date above stated. I hereby certify that I attended the birth of this child, who was (Born Alive or Stillbern) When there was no attending physician ? (Signed) .. or midwife, then the father, householder, etc., should make this return. .. Midwife or .... Give name added from child Address a supplemental report..... (Date of) Filed Registrar. Registrar.



OF PUBLIC WELFARE See instruc-County of PRUREAU OF VITAL STATISTICS State File No .. tration District No Primary Registration District No... OCCUPATION is very important. (If death occurred in a hospital or institution, give its name instead of street and number) CAUSE (a) Residence No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth, yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-21. DATE OF DEATH (month, day and year) 4. Color or Race 3. SEX owed or Divorced (write 22 I HEREBY CERTIFY. That I attended deceased from  $\mathcal{W}$  . the word) 5a. If married, widowed, or divorced HUSBAND of I last saw han alive oh 193.4: death is said (or) WIFE of to have occurred on the date stated above, at/2:30 C m. 6. DATE OF BIRTH (month, day, and year) 2-1/- 39 The principal cause of death and related causes of im-If LESS than Months Days Years 7. AGE portance were as follows: 1 day ..... hrs. Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) Other contributory causes of importance: 10. Date deceased last workbe properly classified. spent in this ed at this occupation occupation ..... (mo. and yr.) ..... should 12. BIRTHPLACE (city or town) (State or country) Z... Date of ..... Name of operation..... Was there an What test confirmed diagnosis? FATHER 13. NAME autopsy?..... 23. If death was due to exter'l causes (violence) fill in also 14. BIRTHPLACE (city or town) (State or country) the following: Accident, suicide, or homicide?..... Date of injury...... 15. MAIDEN NAME 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town)..... (Specify city or town, county, and state) should be carefully (State or country) Specify whether injury occurred in industry, in home, or in public place 17. INFORMANT (Address) Manner of injury..... 18. BURIAL, CREMATION OR REMOVAL Nature of injury Date 2 - /2 193 9 24 Was disease or injury in any way related to occupation 19. UNDERTAKER Nan of deceased?... (Address) (Signed)

information

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

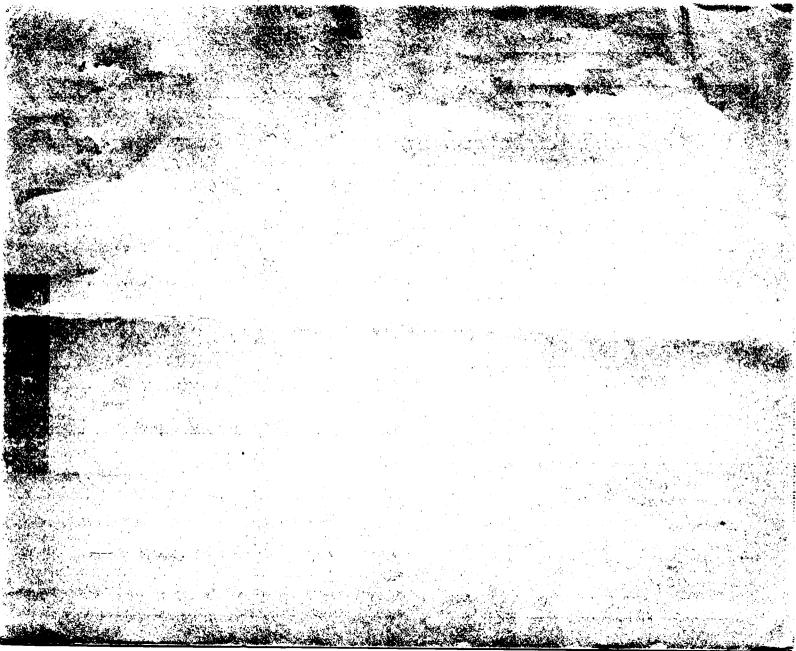
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
	***************************************		
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PLACE OF BIRTH OHACI TO ETATE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS In case of mor order of birth CERTIFICATE OF RIRTH State File No.27739 30 Registration District No. 1051 (If born in hospital or institution give name.) Local Registrar's No. ... Prim. Registration District No. 2. FULL NAME OF CHILD.... 다 니 8. Date of 7. Legiti-If plural (4. Twin, triplet, or other..... 6. Premature... birth each, 8. Sex hirtha 5. Number, in order of birth... Full term 925 mata? (Month. Day, Year) 9. Full 18. Full MOTHER ğ FATHER name maiden. number name (a 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State 11. Color or race 12. Age at last birthday 3. (years) 20. Color or race 21. Age at last birthday 4 (years) 13. Birthplace (city or place) 22. Birthplace (city or place). and (State or Country) Ponts. (State or Country) A PEI each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... E E 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. ..... lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work ě AG INK. must be in this work..... in this work..... ..... 19..... UNIFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn. Before labor. Otherston 29. If stillborn. months period of gestation 9 mo 30. Cause of stillbirth. or weeks During labor... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 8.0 m. on the date above stated. I hereby certify that I attended the birth of this child, who was... ದ (Born Aliverar Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from WRITE one child a supplemental report..... (Date of) Registrar.



PLACE/ OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Roolenal information DEATH in instruc-DO NOT WRITE IN THIS SPACE County of BUREAU OF VITAL STATISTICS Me CERTIFICATE OF DEATH State File No..... KI UI HAW 8 Registration District No ...... Primary Registration District No. / 151 Local Registrar's No.... important. (If death securred in a hospital)er institution, give its name instead of street and number) 2. FULL NAME Colaine lies Sacker (a) Residence No. 220 OCCUPATION is very (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. RECORD. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 21. DATE OF DEATH (month, day and year) 2-/7 193 9 3. SEX owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) single PERMANENT 1937 60 226 17 1939 5a. If married, widowed, or divorced Still born/2-17 1939 : death is said HUSBAND of (or) WIFE of to have occurred on the date stated above, at . m. 6. DATE OF BIRTH (month, day, and year) 2-/7-/93 If LESS than 1 day hrs. The principal cause of death and related causes of im-Months Days Years 7. AGE portance were as follows: 0 0 Date of onset 8. Trade, profession, or particular kind of work done, as spinner, UNFADING INK-THIS IS sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation (mo, and yr.) ..... occupation 12. BIRTHPLACE (city or town). (State or country) Name of operation..... What test confirmed diagnosticuted was there an 13. NAME autopsy? 14. BIRTHPLACE (city or town). 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME 193 Where did injury occur?.... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... Manner of injury.... 2 Nature of injury..... 24 Was disease or injury in any way related to occupation of deceased? No. If so, specify. (Address) 20. FILED 2 - 18 Registrar.

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- 10.—The month and year the deceased last worked at the occupation.

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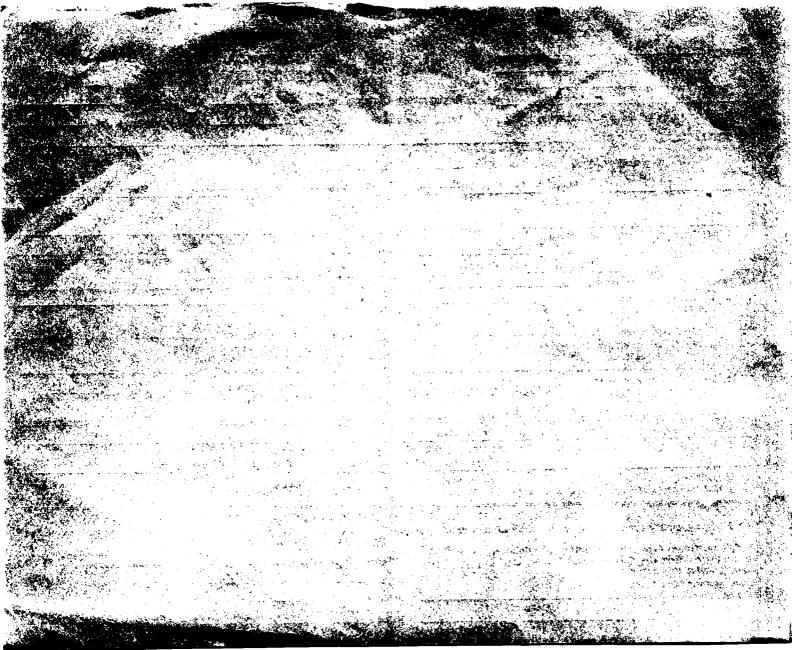
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

RECEIVED MAR 13 1939 DEPARTMENT OF PURISH WELFARE PLACE OF BIRTH County of.... City of Mascaw Registration District No. State File No. -(If born in hospital or institution give name.) Prim. Registration District No. 1011 Local Registrar's No. 82 2 FULL NAME OF CHILD Baby Boy Jessel a s If plural (4. Twin, triplet, or other. 8. Date of Premature.... 7. Legiti-8. Sex births birth Feb. 5. Number, in order of birth. ma Full term mate? MILO (Month, Day, Year) 9. Full FATHER ||18. Fuff MOTHER name maiden name 10. Residence (risual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Mascaw dake (If non-resident, give place and State) Moseow, Ida 11. Color or racecunate | 12. Age at last birthday 26 (years) 20. Color or race white | 21. Age at last birthday 24 (years) 18. Birthplace (city or place). Mascaw 22. Birthplace (city or place). When edaha (State or Country) (State or Country) 14. Trade, profession, or particular Post office 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... S S 15. Industry or business in which work was done, as slik mill, Post 24. Industry or business in which made work was done, as own home. sawmill, bank, etc. \_\_\_\_ lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) last engaged in this work 17. Total time (yéars) spent WITH UNFADING INK-Separate Return must be 26. Total time (years) spent last engaged in this work bresen in this work 4 uns. in this work. Lucara 27. What prophylactic was used to prevent Ophthalma Neonatorum? ..... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q..... (b) Born alive but now dead Q..... (c) Stillborn & 29. If stillborn. Before labor July la months period of gestation 9 months 30. Cause of stillbirthum kness or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stillborn at / \_ m. on the date above stated. (Born Alive on Stillborn) When there was no attending physician or midwife, then the father, householder, etc., (Signed) should make this return. Give name added from ...... Midwife a supplemental report.... Address Masco (Date of) Registrer The state of the s



	Latan  OSCOW  rson 'ater  ne, Hospital or Inst	$n_1 r_{Y-1}$	Pi 10Me L	e <b>gistr</b> ation rimary, Res ocal Regis	Dist. No	6   0   ! H 2 H =	if hospi give stree	death or tal or its name t and num	courred institution instead nber.
]]	idence in County	Yrs.	Mos.	Days	How long in U. S. birth?	if of foreign	Yrs.	Mos.	Days
11	Stillb								
						ident give city			9)
PERSO 3. MALE FEMALE & L C	NAL AND STATIS  4. White, Black, Yellow, Red	5. Singl	le. Married	RS I, Widowed e the word	21. DATE OF DEA' (month, day and		řeb.	19,	
5a. If married, Husband of (or) Wife of	widowed, or divorc	eđ.			1	19, to			19
6. Date of Birti (Month, day	1				I last saw h aliv	•			eath 18 s
· `			If less the	•	to have occurred on The principal cause causes of importance as follows:	e of death and e in order of or	i related set were		Mo.   Da
9. Industry	or business in whi			18	Nephritis of mother ca	Toxemia o	f pregr	аасу	
and year	CE (City or Town,	this	occupation		Contributory causes	of importance	not		
13. NAME	cow, Idaho Clifford LACE (City or Town Hoscow, Id	n, County		or Country	Where was disease in Name of operation		de	ate of	· · · · · · · · · · · · · · · · · · ·
15. MAIDER 16. BIRTHE	NAME Docis	n, County s	rist e	ensen or Country	· · · · · · · · · · · · · · · · · · ·	diagnosis?	Vas there	an inque	at ?
18. BURIAL, (ACCEPTANCE OF THE PROPERTY OF T	TO SCOW  LIOSCOW  CER H. R.	Ida.	rt <b>%</b>	19 10 3 11 ml	23. If death was due (Check) Accident—S	suicide—Homici here did injury (Specify cit y occurred in i injury in any	de? Date o occur?y or town, ndustry	of injury , county a home pu	nd state)

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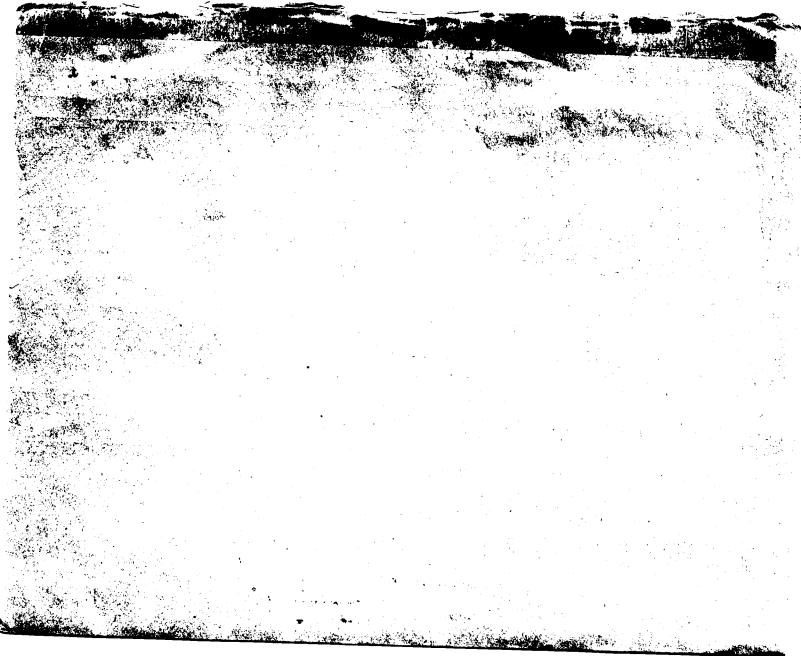
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
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Surton MAR	OERTIFICATE OF BIRTH S 277400
(If born in hospital or institution give name.) Prim. Registre	District NoState File Nost
2. FULL NAME OF CHILD  11 plural 4. Twin, triplet, or other 6. Property births 5. Number, in order of birth From From From From From From From From	ull term (Montal, 200)
9. Full name Leave albert Terry	18. Full MOTHER maiden name  19. Residence (usual place of abode) (If non-resident, give place and State)
10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
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The prophylactic was used to prevent Ophthalmia Neon	ow living (b) Born alive but now dead (c) Schiborn
29. If stillborn, period of gestation full term or weeks  CERTIFICATE OF ATTENDITY  I hereby certify that I attended the birth of this child, who we	30. Cause of Stillbirth and transaction (Before labor.
When there was no attending physician  When there was no attending physician  The pridwife then the father, householder, etc.,	NG PHYSICIAN OR MIDWIFE  at 3: Am. on the date above stated.  (Born Alive or Stillborn)  (Signed)
(Date of)	Address Filed B O 1939 This Yeyoung Registrar.
Registrar.	, U



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Ink—This is a permanent record	
Write Plainly with Unfading I	Penlo

30 Justan	Registratio Primary R Local Regi	eg. Dist. No	2178	hospi	tal or	curred in Institution Instead of other.
ength of residence in County where death occurred	Mos. Days	How long birth?	in U.S. If of fo <del>re</del> ign	Yrs.	Mos.	Days
FULL NAME Stellbo	in Ter	ry	·····			
(a) Residence:		(1	f non-resident give cit	y or county	and state	)
PERSONAL AND STATISTICAL F	PARTICULARS		MEDICAL CERTIF	ICATE OF	DEATH	
MALE 4. White, Black, 5. Sip	gle, Married, Widowe		OF DEATH , day and year)	/ - /	6 -	39
If married, widowed, or divorced	ugle		EBY CERTIFY, That		deceased 1	from /
Husband of (or) Wife of		I last saw	h/M. alive on	6/39 Still	BOIN I	Death is sai
Date of Birth (Month, day and year)		to have oc	curred on the date states	ed above, at		of Onset
Years Months Days	If less than 1 day	causes of i	mportance in order of	onset were		Mo.   Day
AGE		as follows:	FIL Box	<u></u>	i i	
8. Trade, profession, or particular kind	of work done		San	······································		
9. Industry or business in which work	was done		······································			
J. Industry O. Dustry						
10. Date deceased last worked at this occupation (month this	al time (yrs.) spent occupation	in				
and year)		Contributo	ry causes of important	e not		,
BIRTHPLACE (City or Town, County	and State, or Countr	y) related t	o principal causes			
Revena Ida	60	_				
	e L M es					
13. NAME 1 14. BIRTHADACE (City or Town, County	and State, or Countr	\ I	disease first diagnose			******************************
	1.6	Name or o	peration		ate of	***************************************
money six	and the same		for which performed			·
15. MAIDEN NAME	and State-or County		confirmed diagnosis?			
16. BIRTHPLACE (City or Town, County	and State or Count	Was there	an autopsy? 2			
unever se	rone -		h was due to external			e following
SIGNATURE OF COMPANY	MAN TO		ccident—Suicide—Hom		or injury	
(Address)	, , ,		19 Where did inju (Specify	city or town	, county a	nd state)
BURIAL, GREMATION OR REMOVAL	, 17	<i>F2</i> 1	ther injury occurred in	industry	home pu	ıblic place.
	Date	Manner of				***************************************
UNDERTAKER Noul			injury			ounetter :
(Address)			isease or injury in a		mea m oc	Augation (
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FILED AND BURIAL OR REMOVAL I	MICHIEL ENGLISE	i	MI	AL	avy	· &
on 2 8 198 9 by Mrs.	The same	(SIGNED)			1-21-9	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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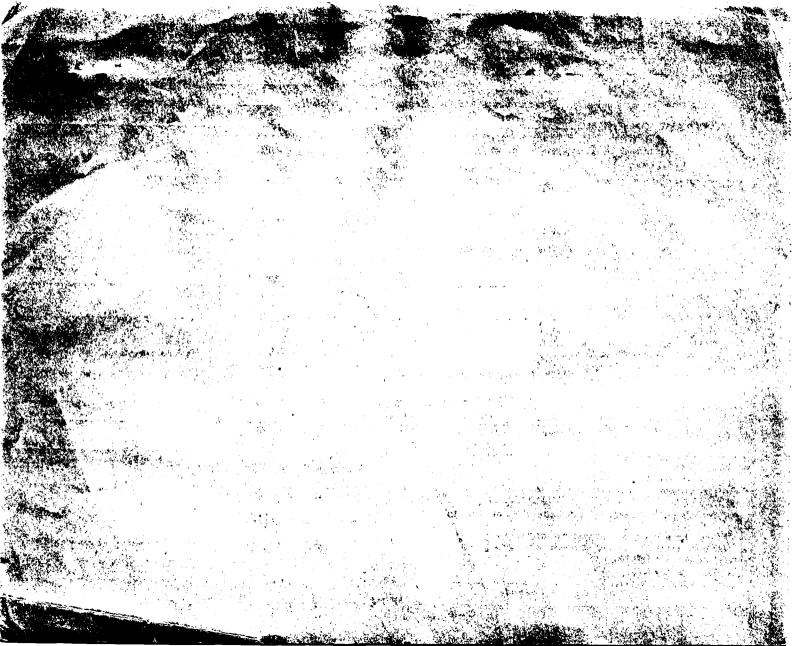
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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EYAMPIJE II

TOTAL TITLE T		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	************		***************************************
	***************************************		

County of Response	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
No.	CERTIFICATE OF BIRTH D 2774
Wite stration I	District No. 100 State File No.
(If born in hospital or institution give name.) Prim. Registre	ation District No. 2/28 Local Registrar's No. 36
2. FULL NAME OF CHILD.	
3. Sex Instal   If plural   4. Twin, triplet, or other   6. Problem   6. Problem	remature 7. Legiti- ill term mate? 42 8. Date of 5 198 (Month, Day, Year)
9. Full FATHER	18. Full MOTHER
name Jess C. Bergerson	maiden name Mary France Trous
10. Residence Jusual place of abode (If non-resident, give place and State) Parkey,	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race	1
13. Birthplace (city or place) Jeton (State or Country) Jacks	22. Birthplace (city or place). Collaboration (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
If. Industry or business in which	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work   26. Total time (years) spent
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
, 19 in this work	in this work
27. What prophylactic was used to prevent Ophthalmia Neona	torum? Museuselassus
28. Number of children of this mother (At time of this birth	and including this child) v living. Acad. (b) Born alive but now dead. (c) Stillborn.
29. If stillborn, period of gestation Tall term months or weeks	30. Cause of Stillbirth Contraction During labor.
	Belove labor J.
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc.,	Signed) , M. , Midw
Give name added from	ddress //gestrusge
(Date of)	11ed 3 10 - 1939 Mis ) + Eyoum
Bogistrar,	Hogistrar



STATE OF IDAHO PLACE OF DEATH. DEPARTMENT OF PUBLIC WELFARE DEATH in information See instruc-DO NOT WRITE IN THIS SPACE County of ... BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF DEATH State File No. 1 Registration District No. .... Primary Registration District No.... Local Registrar's No... ð important. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Every (a) Residence No..... OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH, 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year 2 / 2 1493 9 owed or Divorced (write 22 I HEREBY CERTIFY, That I attended degreased from the word) 5a. If married, widowed, or divorced 54//67 V HUSBAND of I last saw h Q T alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at...... m. 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-Months Davs 7. AGE Years 1 day ..... hrs. portance were as follows: Ø 0 Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill. bank. etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: ed at this occupation spent in this (mo, and yr.) ..... 12. BIRTHPLACE (city or town)..... (State or country) Name of operation Date of What test confirmed diagnosis?..... Was there an 13. **NAME** autopsy? \_\_\_\_\_\_\_\_\_ 14. BIRTHPLACE (city or town)...... 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town). (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address) Manner of injury.... 18. BURIAL, CREMAT Nature of injury..... Place... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER ...... of deceased?...... (Address) (Signed) >

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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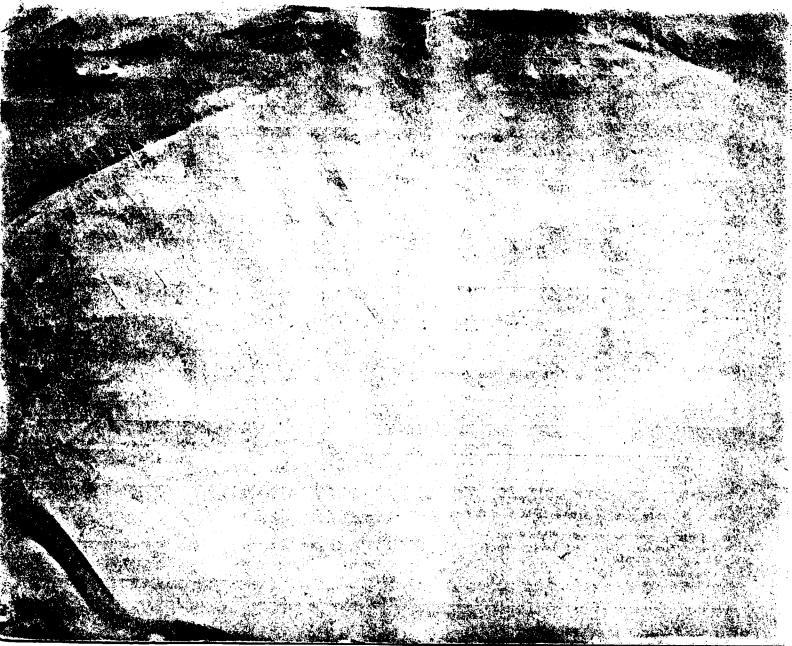
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	:	EXAMPLE II				
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance:				
Canstones	May 1, 1923	Gastroenteritis	1 year			
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYCIAN				

County of	PLACE OF BIRTH	<u> </u>	MAN 11	1	DEPARTMENT BUREAU	TE OF IDAH POP PUBLIC OF VITAL BTA [CATE OF	WELFARE ATISTICS	
No		7	Registration	Distric	+ No /6	LO St	ate File No.	- 74U</th
/Te hom in	hospital or institution		TAOD THE GIVEN				cal Registrar's	No. 29
	•	on give name.	I IIII. Itegiou	1 GUON	District 140. L			
2. FULL N	AME OF CHILD						8. Date of	,
8. Sex	if plural {4. Twing births {5. Num	n, triplet, or othen ber, in order of	1		/ / / / 1	egiti- ate? <i>YLS</i>	birth?	Day, Year)
9. Full	// //- ).	THER	ton.		rufi raiden	MOT	THER Tie	ler
	(usual/place of al resident, give place		Slowy	19. F	esidence (usu: (If non reside	al place of abo nt, give place	de) and State	burg
11. Color or	race. (1. h.   12.	Age at last birt	nday 27/ years	g) 20. C	olor or race	vh   21.	Age at last birt	hday. 2,6 (years
	e (city or place) or Country)	Relling		22. E	irthplace (city (State or Co	or place) ountry)	Regbur	1
kind sawye 15. Indust	profession, or par of work done, as s r, bookkeeper, etc ry or business in was done, as silk	which	sret		of work do typist, nurse I. Industry or	ssion, or partine, as houseke, clerk, etc business in vone, as own hor	which	sewife
Sawmi 2 16. Date	ll, bank, etc (month and year) ngaged in this work		(years) spent	40000	. Date (month	ce, silk mill, e and year) in this work	ſ	years) spent
	, 19	in this w	ork				in this wo	ork
27. What p	ophylactic was use	d to prevent O	ohthalmia Neon	atorun	?			
28. Number	of children of this n	nother (At 1 (a) B	time of this birthorn alive and no	h and w livi	including this (b) B	child) orn alive but n	ow dead.	(c) Stillborn bru
29. If stillbo	rn, f gestation	{	months or weeks	30.	Cause of Stillb	revendeten	During labor Before labor.4	
I hereby	certify that I atten	CERTIFICATE ded the birth of t		· 0.5	YSICIAN OR	$\sim$ at $10$	p. p. on the	date above state
or midwife,	nere was no attend then the father, he this return.	ling physician cuseholder, etc.,		(Signed	M. F	Ri	fy _	, M. 1
Give name			_	or	1// 0	NIMINA		
a suppleme	ntal report	(Date of)		Addres	2 JN	100 9	Mus 71	16,000
			Registrar.	Filed	#	, 198	-p1-2005	Rogistrar.



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE information DO NOT WRITE IN THIS SPACE See instruc-County of ... BUREAU OF VITAL STATISTICS 113244 City of. CERTIFICATE OF DEATH State File No. Registration District No. Local Registrar's No. 12 Primary Registration District No. 2178 to important. (If death occurred in a hospital or institution, givelits name instead of street and number) 2. FULL NAME (a) Residence No..... OCCUPATION is very (If nonresident give city or town and state) (Usual blace of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single. Married. Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year 193 9 owed or Divorced (write m 22 I HEREBY CERTIFY. That I attended deseased from the word) 1 last saw him alive on 2/25 1939 : death is said 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-Months Days 7. AGE Years 1 day ..... hrs. portance were as follows: Date of onset 0 or ..... min. tell Born 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation (mo, and yr.) occupation 12. BIRTHPLACE (city or town). (State or country) Name of operation 200 Date of \_\_\_\_\_ What test confirmed diagnosis?..... Was there an 13. NAME autopsy? Zu 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury...... 15. MAIDEN NAME 193.,.... Where did injury occur? 16. BIRTHPLACE (city of town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address) Manner of injury.... 18. BURIAL, CREMATIC Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? If so, specify. (Address) (Signed) ż (Address

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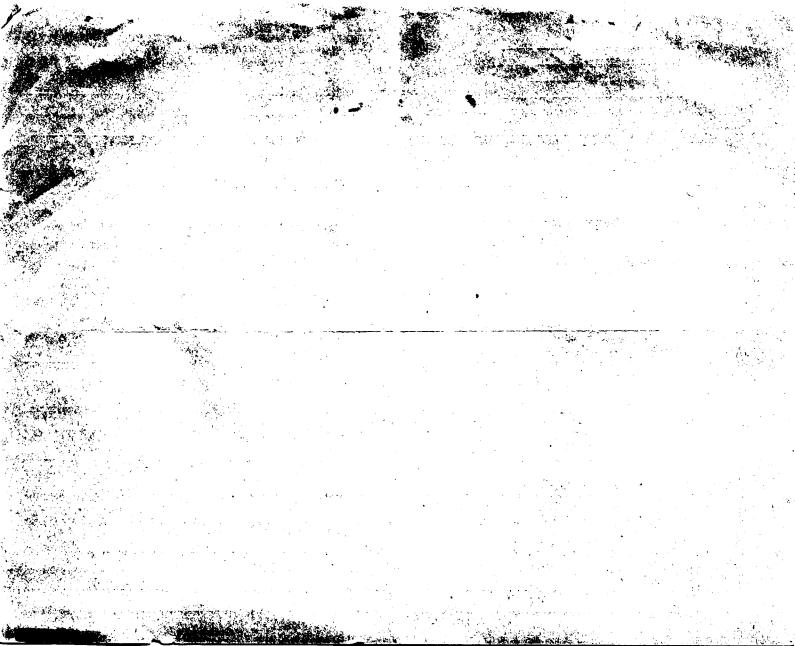
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

DR 1 1939DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL SPATINGE PLACE OF BIRTH County of The of City of. CERTIFICATE OF BIRTH Registration District No. \_\_\_\_State File No. \_\_\_\_ (If born in hospital or institution give name,) Prim. Registration District No. 217 & \_Local Registrar's No. ... FULL NAME OF CHILD. 8. Date of 7. Legitibirths hirth... mate? WES 5. Number, in order of birth..... Full term (Month, Day, Year) PERMANENT RECORD 9. Full FATHER 18. Full MOTHER name ( maiden . name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident give place and State) (If non-resident, give place and State) 11. Color or reconce | 12. Age at last birthday (years) 20. Color or Was 21. Age at last birthday 30...(years) 13. Birthplace (city or place) .... 22. Birthplace (city or place)...... (State or Country) (State or Country) 14. Trade, profession, or particular 🚄 23. Trade. profession, or particular kind kind of work done, as spinners sawyer, bookkeeper, etc. kind of work done, as spinners sawyer, bookkeeper, etc. 15. Industry or business in which of work done, as housekeep typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. \_ lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work IG INK. in this work... in this work. WITH UNFADING Separate Return m 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. During labor..... months 30. Cause of Stillbirth ..... period of gestation or weeks Before labor CERTIFICATE OF ATTENDING PHYSICIAN PR MIDWIFE ... 30,0 I hereby certify that I attended the birth of this child, who was m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., (Signed) ..... should make this return. Give name added from a supplemental report Address (Date of) Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE information See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No. 100 Primary Registration District No. 2178 Local Registrar's No..... j OCCUPATION is very important. occurred in a hospital or institution, give its name instead of street and number) 2. FULL N (a) Residence No.... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year) owed or Divorced (write Wels 22 I HEREBY CERTIFY. That I attended deceased from the word) Z- 26- 1939 to 2-26 5a. If married, widewed, or divorced HUSBAND of I last saw h LAA. alive of death is said (or) WIFE of to have occurred on the date stated above, at...... m. 6. DATE OF BIRTH (month, day, and year The principal cause of death and related causes of im-If LESS than Days Months 7. AGE Years 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation (mo. and yr.) ..... occupation . 12. BIRTHPLACE (city or town (State or country) Name of operation 2000 Date of 13. NAMECKARA What test confirmed diagnosis? Was there an autopsy?...Z 23. If death was due to exter'l causes (violence) in also 14. BIRTHPLACE (city or town). (State or country) the following: Accident, suicide, or homicide? Date of injury...... 15 MATDEN NAME 193..... Where did injury occur?.... 16 BIRTHPLACE (city or town-(Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT .... in public place (Address) Manner of injury..... 18. BURIAL, CREMA Nature of injury..... Place. phone 24 Was disease or injury in any way related to occupation 19. UNDERTAKER .....If so, speci deceased?..... (Address) (Signed) (Address .....

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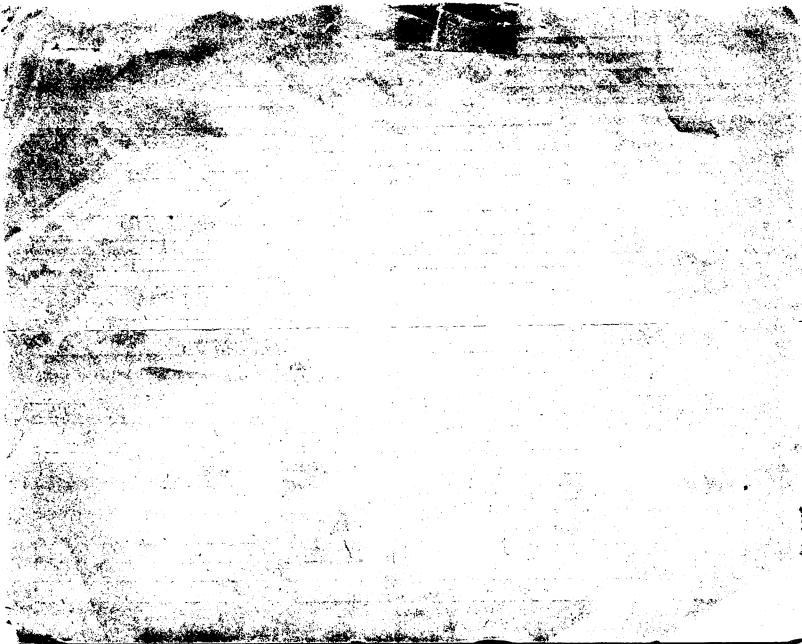
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						
				•••••		

STATE OF IDAHO TMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH Registration District No. 1009 State File No. (If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_\_ Local Registrar's No. \_\_\_\_\_ 2. FULL NAME OF CHILD..... 8. Date of 3. Sex 0 births birth. 5. Number, in order of birth... PERMANENT RECORD, Ich, and the number of ea Full term mate? (Month, Day, Year) 9. Full FATHER/ 18. Full MOTHER name 4 maiden 10. Residence (usual place of abode) So 87 name 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) Clarkston 11. Color or race 11. Age at last birthday 41. (years) 20. Color or race 21. Age at last birthday 26 (years) 13. Birthplace (city or place)..... 22. Birthplace (city or place) Mashtuena (State or Country) (State or Country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc. of work done, as housekeeper OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. ...... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work VG INK-must be 26. Total time (years) spent last engaged in this work in this work..... in this work..... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living O (b) Born alive but now dead (c) Stillborn. 29. If stillborn. months During labor period of gestation 30. Cause of Stillbirth ..... or weeks WITH Before labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was tiller at 2:15 m. on the date above stated. PLAINLY (Born Alive or Stillborn) When there was no attending physician? or midwife, then the father, householder, etc., (Signed) ..... should make this return. Give name added from a supplemental report RITE Address . 🕰 (Date of) Registrar.



tion	DEATH IN See instruß-	PLACE OF DEATH  County of Negperce BUREAU OF VITAL S	LIC WELFARE DO NOT WRITE IN THIS SPACE
8	inst	City of Lewiston CERTIFICATE OF	F DEATH State File No
્,∤ું જ	g 4	Registration District No	t No96 Local Registrar's No
. 2 a i	CAUSE importa	2. FULL NAME Steve Smith	
EV	state s very	(a) Residence No So 8th St.,  (Usual place of abode)  Length of residence in city or town where death occurred.y	St. Clarkston Wn  (If nonresident give city or town and state) rs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	E N	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
	S should	3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word)	21. DATE OF DEATH (month, day and year) 1 /2103 (22 I HEREBY CERTIFY, That I attended deceased from
o E		5a. If married, widowed, or divorced	Jan 26, 1937, to an 261939
		HUSBAND of (or) WIFE of	//I last saw halive on 193: death is said
	2 2	6. DATE OF BIRTH (month, day, and year) 1/26/39	to have occurred on the date stated above, at m.  The principal cause of death and related causes of im-
FOR BINDING PERMANENT	9	7. AGE Years Months Days If LESS than 1 day hrs. or min.	portance were as follows:  Date of onset
D A	Tat start	8. Trade, profession, or particular kind of work done, as spinner,	Sulfound
RESERVED	stated EXACTLY.	kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 10. Date deceased last work- ed at this occupation    11. Total time (years)	
HIN RESER		saw mill, bank, etc	Other contributory causes of importance:
MARGIN DING IN	should be erly classi	12. BIRTHPLACE (city or town) Lewiston	Casor willi mot -
MAR ADING		(State or country) Idaho	Name of operation Date of
UNFA	AGE shous properly	13. NAME Warren E. Smith  14. BIRTHPLACE (city or town) Mucsatine, Iou (State or country)	What test confirmed diagnosis? Was there an autopsy?
HIIM	d. A		W& 23. If death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury
,	supplied. t it may   tificate.	15. MAIDEN NAME Velva Loveridge	193
LAINLY,		15. MAIDEN NAME Velva Loveridge 16. BIRTHPLACE (city or town) Watuchum (State or country) Washington	Where did injury occur?
Į.	of of	17. INFORMANT Warren Smith	
	<u> </u>	(Address) Clarkston, Wn	Manner of injury
-WRITE	d be ca terms, on back	18. BURIAL, CREMATION OR REMOVAL Place Clarkston Date 1/28/39, 193	Nature of injury
M.W.	ould lin te		24 Was disease or injury in any way related to occupation
	should plain tion o	19. UNDERTAKER H. R. Merchant (Address) Clarkston Wn	of deceased? If so specify
Z		20. FILED Tel 7 , 1939 MBM Guan MA	(Signed) M. O) (Address Lewylon Odoho
2		Registrar.	(Address

paramagadina nanchana nanchana na manahana na manahana

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TENAMBLE T

- 8.—The trade, profession, or particular kind of work done.
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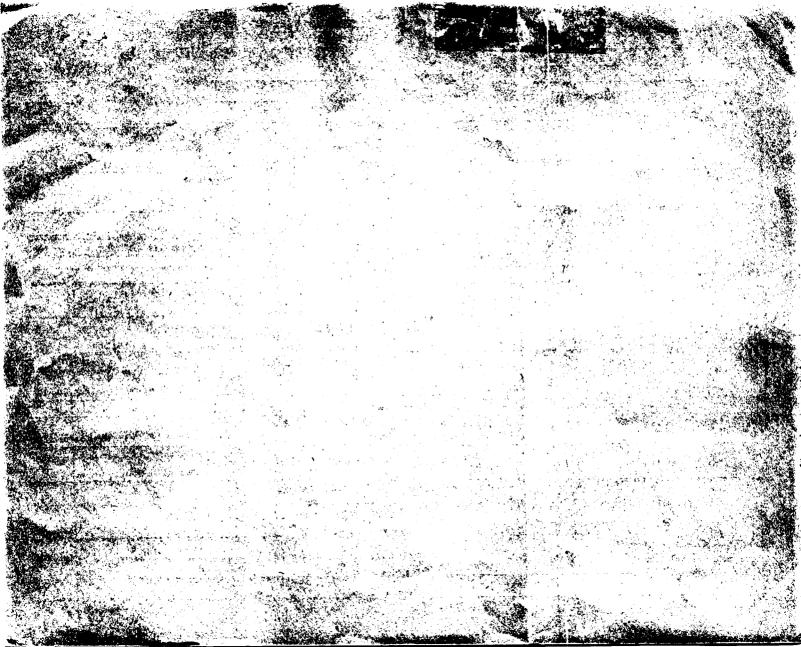
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927		3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	· · · · <del>-</del> · · <del>- ·</del>	

stated THE OF IDAHO APR 10 1939 County of Bannack 26 6-117 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Pscatello O' CERTIFICATE OF BIRTH No. 101 South Johnson st. In case torder of Pocatello General Hospital Registration District No. State File No. (If born in hospital or institution give name,) Prim. Registration District No. 266 Local Registrar's No. 13 a. Borman 2. FULL NAME OF CHILD.... 뭐ם 8. Date of PERMANENT RECORD. N. ch. and the number of each, 3. Sex birth March 17 198 9 5. Number. in order of birth..... Male Full termYes.... mate? Yes.... (Month, Day, Year) 9. Full FATHER ils. Full MOTHER nama maiden George Alton Bowman name Lela Viola Bennett 10. Residence (usual place of abode) (If non-resident, give place and State). Downey. Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Same 13. Birthplace (city or place) Richamond Utah 22. Birthplace (city or place)...Virginia, Idaho (State or Country) (State or Country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc. Farming Housewife typist, nurse, clerk, etc. for 15. Industry or business in which made work was done, as silk mill, sawmill, bank, etc. Renting Own Home lawyer's office, silk mill, etc. ..... 16. Date (month and year) 17. Total time (years) spent WITH UNFADING INK. Separate Return must be last engaged in this work last engaged in this work 26. Total time (years) spent At Present 19 39 in this work 14 years At Present 19 39 in this work 1/ years 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...Silver Nitrate 15 28. Number of children of this mother (At time of this birth and including this child) Four (a) Born alive and now living.....2.. (b) Born alive but now dead. One (c) Stillborn One 29. If stillborn. Before labor.... months 30. Cause of Stillbirth ..... period of gestation or weeks During labor.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Still-born at 2:04 And on the date above stated. PLAINLY d at birth a ಪ (Born Alive of Stillborn When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from ..... Midwife WRITE P a supplemental report. (Date of) Registrar.

PLACE OF BIRTH



(Home, Hospital or Institution  Length of residence in County Where death occurred  Length of residence in County Where death occurred  2. Full Name  (a) Residence:    Personal and state   Personal and state		1. PLACE OF DEATH CERTIFICA	TE OF DEATH Registered No. 54
Length of realedence in County Member death occurred where death occurred with control of the co		County of Primary Reg.  Local Registr	Dist. No. 2/6/ if death occurred in hospital or institution give its name instead of arrest and number.
(a) Residence:    Cif non-resident give city or county and state)		Length of residence in County	How long in U. S. if of foreign
PERSONAL AND STATISTICAL PARTICULARS  MALE 4 White, Black 5 Single-Married, Widowed or Divorged (write the word)  Sa. If married, widowed, or divorced Husband of (cr) Wife of 6 Date of Birth (Month, day and year) 7 AGE 7 Years Months 8 Trade, profession, or particular kind of work done 9 Industry or business in which work was done 10 Date deceased last worked 11 Total time (yrs.) spent in at this occupation (month this occupation) 12 BIRTHFLACE (City or Town, County and State, or Country) 13 Is BIRTHFLACE (City or Town, County and State, or Country) 14 Is BIRTHFLACE (City or Town, County and Bigke, pr Country) 15 Is BIRTHFLACE (City or Town, County and Bigke, pr Country) 16 Is BIRTHFLACE (City or Town, County and Bigke, pr Country) 17 SIGNATURE OF 18 BURIAL, CREMARION OR REMOVAL 19 Date 19 UNDERTAKER (Address) 20 FILED AND BURIAL OR REMOVAL PERSIT ISSUED  (SIGNED)  MEDICAL CERTIFICATE OF Country And State (Widowed) 21 DATE OF DEATH 22 DATE OF DEATH 22 DATE OF Country And State (Widowed) 22 I HEREBY CERTIFY, That I attended deceased from 22 I HEREBY CERTIFY, That I attended deceased from 23 Intermed they are on the date stated above, at The principal causes 24 I bat as wh. alive on the particular time of the stated above, at The principal causes 25 I last saw h. alive on the particular time of the stated above, at The principal causes 26 I last saw h. alive on the particular time of the particular time of the stated above, at The principal causes of importance in order of onset were a follows:  10 Date deceased last worked 11. Total time (yrs.) spent in this occupation of the particular time of the particular time of the principal causes of importance not prelated to principal causes  16 Date of Birth (Willow) 17 Intermed Vision of the particular time of the parti		2. FULL NAME / John	and
3. MALE 4 White, Black, FEMALE 4 Willow, Red, or Divoyfed (writch eword) 2. I HERDBY CERTIFY, That I attended deceased from 1 will less than 1 day 1. Date of Control		(a) Residence:	(If non-resident give city or county and state)
3. MALE 4 White, Black, FEMALE 4 Willow, Red, or Divoyfed (writch eword) 2. I HERDBY CERTIFY, That I attended deceased from 1 will less than 1 day 1. Date of Control		PERSONAL AND STATISTICAL PARTICULARS	
5a. If married, widowed, or divorced   19		3. MALE 4. White, Black, FEMALE Yellow Red or Divorted (write the word)	(month, day and year) $3 - // - 39$
(or) Wife of 6. Date of Birth (Month, day and year) 7. AGE Years Months Days If less than 1 day hrs	اج	5a. If married, widowed, or divorced	1
(Month, day and year)    Tage   Years   Months   Days   H less than 1 day   hrs. min. min.	<u> </u>	(or) Wife of	I last saw h alive on Death is said
7. AGE    No.   December   December   No.   December   December		(Month, day and year)	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked 11. Total time (yra.) spent in at this occupation (month and year)  12. BIRTHELACE (City or Town, County and State, or Country)  14. BIRTHELACE (City or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHFLACE (City or Town, County and Sfate, or Country)  17. SIGNATURE OF Allow Manuary  (Address)  18. BURLL, CREMATION OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (SIGNED)  (SIGNED)  (SIGNED)  (SIGNED)  (SIGNED)  (SIGNED)  (SIGNED)		7. AGE hrs. min.	as follows:
10. Date deceased last worked at this occupation (month and year)  12. BIRTHELACE (City or Town, County and State, or Country)  13. BIRTHELACE (City or Town, County and State, or Country)  14. BIRTHPLACE (City or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF Allowal Mander of Condition for which performed  18. BURIAL, CREMATION OR REMOVAL  Place  19. Where was disease first diagnosed?  Name of operation  Condition for which performed  Why test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an inquest?  23. If death was due to external causes, fill in also the following (Check) Accident—Suicide—Homicide? Date of injury  19. Where did injury occurred in industry—home—public place  Manner of injury  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (Signed)  (Signed)	1	8. Trade, profession, or particular kind of work done	(Stellown)
at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  14. BIRTHPLACE (City or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF LOUIS AND LOUIS AND STATE OF LOUIS AND LOU	}	9. Industry or business in which work was done	
12. BIRTHPLACE (City or Town, County and State, or Country)  14. BIRTHPLACE (City or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF Allow Allow Allow Allow (Check) Accident—Suicide—Homicide? Date of injury  (Address)  18. BURIAL, CREMATION OR REMOVAL PERMIT ISSUED  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (SigNED)  18. BURIAL OR REMOVAL PERMIT ISSUED  (SigNED)		10. Date deceased last worked 11. Total time (yrs.) spent in at this occupation (month this occupation	
Where was disease first diagnosed?  14. BINTHPLACE ICity or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and Sfate, or Country)  17. SIGNATURE OF Storge Mandournan  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (SigNED)  Where was disease first diagnosed?  Name of operation  Condition for which performed  Where was disease first diagnosed?  Name of operation  Condition for which performed  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there an inquest?  Signative diagnosis?  Was there an autopsy?  Was there an inquest?  Signative diagnosis?  Was there an autopsy?  Was there an inquest?  Signative diagnosis?  Was there an inquest?  Signative diagnosis?  Was there an inquest?  Signative diagnosis?  Was there an autopsy?  Was there an inquest?  Signative diagnosis?  Was there an inquest?  Was there an inquest?  Was there an inquest?  Signative diagnosis?  Was there an inquest?  Was there an inquest?  Was there an inquest?  Was there an inquest?  Signative diagnosis?  Was there an inquest?  Was there an inqu			related to principal causes
14. BIRTHPLACE (City or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF STATE OF			Jane Strangelation
15. MAIDEN NAME   16. BIRTHPLACE (City or Town, County and State, or Country)   Was there an autopsy?   Was there an inquest?   Was there an inquest	•		Where was disease first diagnosed?
15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF Many Many Mass there an autopsy? Was there an inquest?  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  Date  Date  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (SIGNED)  15. MAIDEN NAME  Was there an autopsy? Was there an inquest?  Was there an autopsy? Was there an autopsy? Was there an inquest?  Was there an autopsy? Was there an inquest?  Was there an autopsy? Was there an inquest?  Was there an autopsy? Was there an aut		14. BIKTHPLACE (City or Town, County and State, or Country)	
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23. If death was due to external causes, fill in also the following informant (Check) Accident—Suicide—Homicide? Date of injury	4	16. BIRTHPLACE (City or Town, County and State, or Country)	, ,
(Address)  18. BURIAL, CREMATION OR REMOVAL  Place Date Date Date Manner of injury		17. SIGNATURE OF VIOLAN AND ALLEN AND AND AND AND AND AND AND AND AND AN	23. If death was due to external causes, fill in also the following:  (Check) Accident—Suicide—Homicide? Date of injury
Place		(Address) Danney Idabo	, 19 Where did injury occur?
19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (SIGNED)  (SIGNED)  Nature of injury  24. Was disease or injury in any way related to occupation deceased?  If so, specify  (SIGNED)		18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public place
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987 by 67 1987 by 67 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	L R
II (1979) / TEPENCET I (AUG 500)		on 3-/7 1989 by D Kay M A	(SIGNED) A CONTROL M. D.  (Address) Cure ( Signe)

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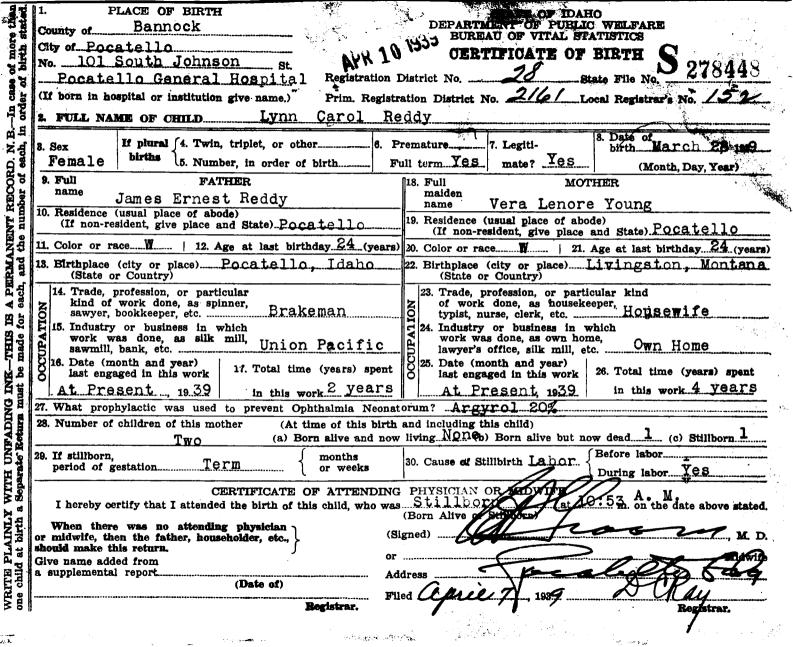
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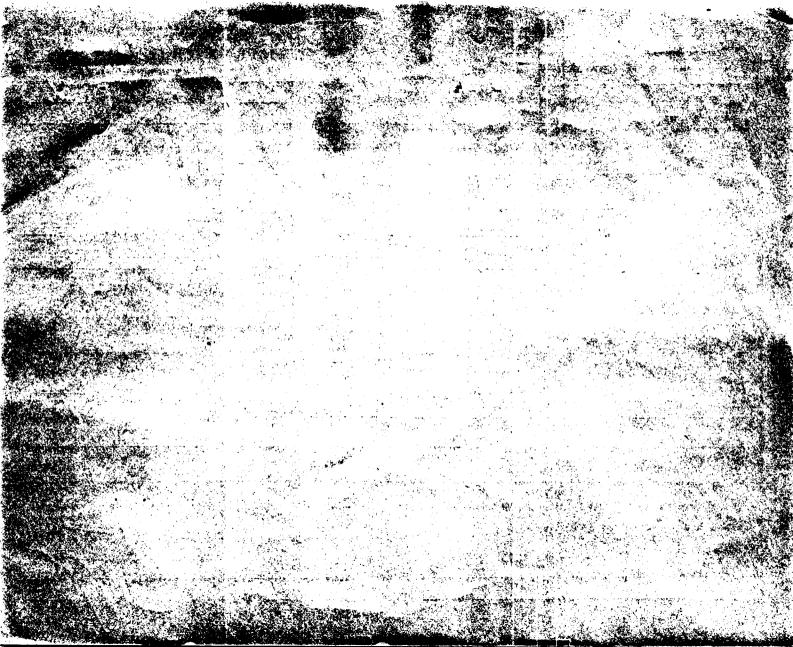
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
	***************************************		
			•••••••••••••••••••••••••••••••••••••••





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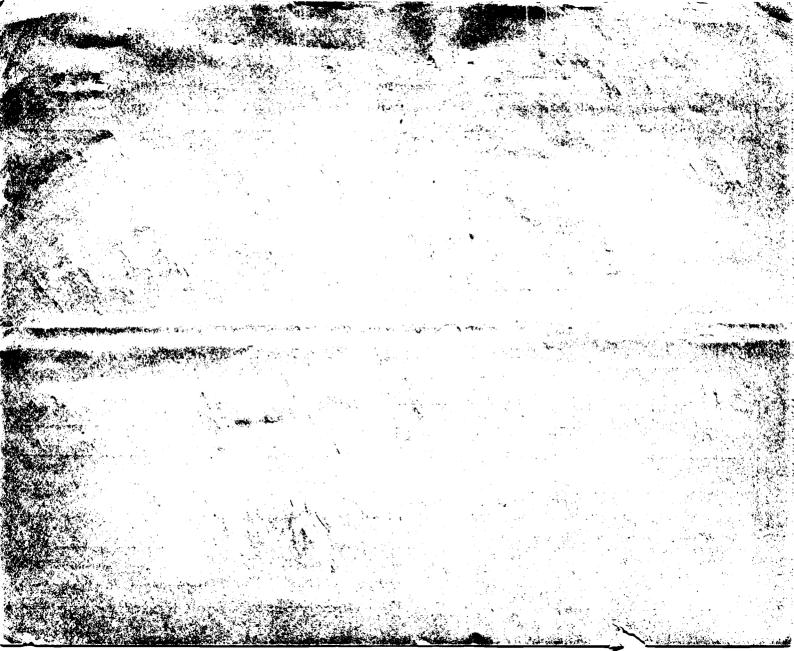
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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and Date of onset The PRINCIPAL CAUSE OF DEATH and Date of onset related causes of importance were as follows: related causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of import-Other CONTRIBUTORY CAUSES of importance: ance: Gallstones Gastroenteritis May 1, 1923 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. Con	unty of Howeller	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 278444
(II - No	The Hospital Registration I	District No. 52 State File No. 2136 Local Registrar's No.
2.	FULL NAME OF CHULD	
2.5		remature 7. Legiti- ull term yes mate? yes (Month, Day, Year)
9.	FUIL PRINCIPLE FATTER Chicago	18. Full MOTHER maiden Della Grung
10.	Residence (usual place of abode) Tans (II non-resident propplace and State)	19. Residence (usual place of abode) (If non-resident rive place and State)
11.	Color or race 12. Ago at last birthday 3 4(years)	20. Color or race 21. Age et last httpd://dx.32. (yes
13.	Birthplace (city or place). 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	22. Birthplace (city or place)
NO	14. Trade, profession, or particular skind of work done, as spinner, hammer sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
PAT	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
000	16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work  18.37  in this work  19.37
27.	What prophylactic was used to prevent Ophthalmia Neonat	
	Number of children of this mother (At time of this birth	and including this child)  y living (b) Born alive but now dead (c) Stillborn (
29.	If stillborn, months or weeks	30. Cause of Stillbirth
	CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	(Born Allys or Stillborn) m or the date above state
or	When there was no attending physician midwife, then the father, householder, etc., and make this return.	igned) Physician Mid
It	ve name added from	TOMA WALLEN WOLL
	supplemental report	Idress
	Registrar.	led March SIst 1989 Registrar.



STATE OF IDAHO should state PLACE OF DEAT DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE OCCUP **1137**13 BUREAU OF VITAL STATISTICS CERTIFICATE OF-DEATH City of Man State File No..... WK 10 1939 Registration District No... Primary Registration District No. 2136 PHYSICIANS Local Registar's No. RECORD (If death occurred in a hospital or institution, give its name instead of street and number) FULL NAME (a) Residence, No., (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. EXACTLY PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) attended 5a. If married, widowed, or divorced stated HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month day, and year) march 2 to have occurred on the date stated above, at 7. AGE Months Days If LESS than The principal cause of death fod polated causes of importance Years should 1 day ..... hrs. were as tollows or ..... min. to 8. Trade, profession, or particular kind of work done, as spinner, DCCUPATION AGE sawyer, bookkeeper, etc. ... 9. Industry or business in which # work was done, as silk mill, saw mill, bank, etc. ......... 10. Date deceased last work- 11. Total time (years) instruction supplied. ed at this occupation spent in this Other contributory causes of insportance: occupation (mo. and yr.) ..... 1226-Cord Wowellawn 12. BIRTHPLACE (city or town) (State or country) carefully 13. NAME What test confirmed diagnosis?...... Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) very important. 23. If death was due to exter'l causes (violence) fill in also the 旦 should be following: 15. MAIDEN NAME DEATH Accident, suicide, or homicide?..... Date of injury..... 193.... Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country Specify whether injury occurred in industry, in home, or in nformation OF. 17. INFORMANT public place. (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... 2 CAUSE NOL Nature of injury..... 24. Was disease on injury in any way related to occupation of 19. UNDERTAKER deceased? .. (Address) (Signed) Registra

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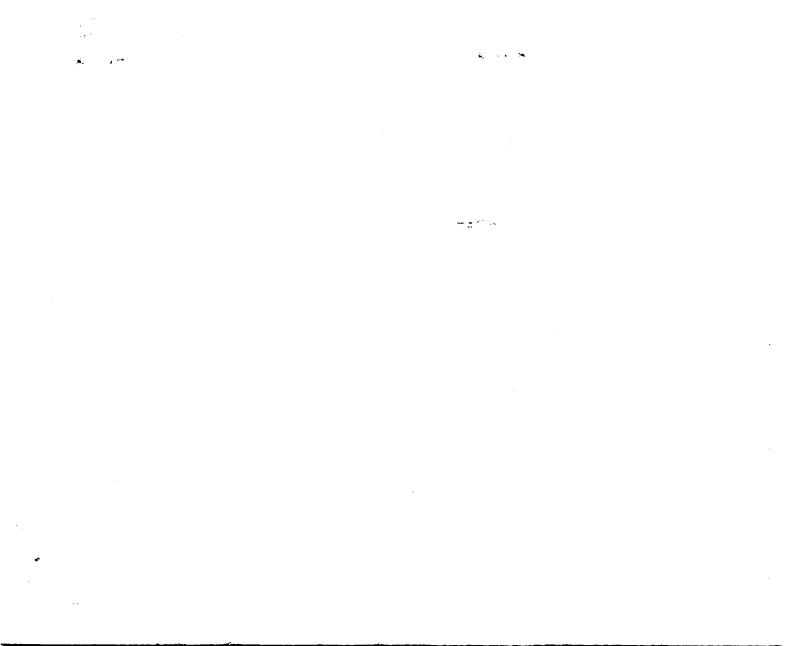
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387			
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Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT		
		***************************************	

STATE OF IDAHO

BUREAU OF PUBLIC WELFARE  $\theta$  1959 PLACE OF BIRTH County of. of more birth st City of ..... CERTIFICATE OF BIRTH Registration District No. ..... .....State File No. Prim. Registration District No. 2022 Local Registrar's No. (If born in hospital or institution give name) 2. FULL NAME OF CHILD 8. Date of 7. Legiti-3. Sex \ birth Max 2 births Full term. LIDA 5. Number, in order of birth..... mate? (Month, Day, Year) PERMANENT RECORD. 9. Full **FATHER** 18. Full OTHER name / maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)... 10 (If non-resident, give place and State)... 11. Color or race. 12. Age at last birthday 21. Age at last birthday. 3 (years) 20. Color or race. 13. Birthplace (city or place) 22. Birthplace (city or place) and (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. made sawmill, bank, etc. lawyer's office, silk mill, etc, .... 16. Date (month and year) 25. Date (month and vear) 17. Total time (years) spent INK-Adast engaged in this work 26. Total time (years) spent last engaged in this work in this work 3011 in this work. WITH UNFADING Separate Return mi 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 3... (b) Born alive but now dead...... (c) Stillborn. Before labor. 29. If stillborn, months 30. Cause o period of gestation .. or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was...... (Born Alive be Stillborn) When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. Give name added from child a supplemental report... Address ..... (Date of) Registrar.



Ĭ	STATE OF ID	OAHO
	PLACE OF DEATH DEPARTMENT OF PUB	W To the Wall In I had
	County of Slave BUREAU OF VITAL	
	CERTIFICATE O	OF DEATH State File No. 11011
	City of Registration District No	
	Primary Registration Distri	ict No. 2022 Local Registrar's No.
	(No	·······)
	(If death occurred in a hospital or institution,	give its name instead of street and number.)
	2. FULL NAME , Nerv	eby/
	(a) Residence. No.	St
	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	
	male White or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 3-2- 193 7 22. I HEREBY CERTIFY, That I attended deceased from
	5a. If maried, widowed, or divorced HUSBAND of	May 197, to Way 1939
	HUSBAND of (or) WIFE of	I last saw halive on 193Q death is said
	MI by net	to have occurred on the date stated above, at 7'30 Pm.
	6. DATE OF BIRTH (month, day, and year) March 2 / 1934 7. AGE Years Months Days If LESS than	The puincipal cause of death and related causes of importance
	7. AGE Years Months Days If LESS than 1 day,hrs.	Date of onset
	or min,	due to halfamation
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	Vone malutilitio un liter
	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	
	work was done, as silk mill,	
	10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
ļ	this occupation (month and spent in this occupation	
	12. BIRTHPLACE (city or town) Ketchin	
ľ	(State or country)	
	13. NAME J. J., Well	Name of operation
	13. NAME 1. ), Nell 14. BIRTHP(ACE (city or town) Dave Dutonia	What test confirmed diagnosis? Was there an autopsy
	(State of Country)	23. If death was due to exter leauses (violence) fill in also the following:
	15. MAIDEN NAME NOTCHES Workly	Accident, suicide, or homicide? Date of injury, 193
	15. MAIDEN NAME Worotkea Woolley 16. BIRTHPLACE (city or town) Portland (State or country)	Where did injury occur?(Specify city of town, county, and State)
	State or country)	Specify whether injury occurred in industry in home, or in public
	17. INFORMENT (Address) The following Ha	place. Mo
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Harley - edaho Date 3-3-, 1939	Nature of injury
	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Agally Ida	If so, specky
`	20. FILED 4-7 1939 Jolen H. Wright-	(Signed)
	Registrar.	(Address) Ruel Joans

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who selis goods should be called a salesman and not a clerk.

EXAMPLE I	!!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1

TE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of ... BUREAU OF VITAL STATISTICS of more birth st CERTIFICATE OF BIRTH Registration District No. . State File No. ...... Prim. Registration District No. /2/3' Local Registrar's No. /2 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8. Date of 3. Sex birth births mate? West 5. Number, in order of birth..... Full term..... (Month, Day, Year) Fema PERMANENT RECORD. 9. Full FATHER. 18. Full MOTHER maiden name Remode name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) 348-H. (If non-resident, give place and State)..... 11. Color or race white 12. Age at last birthday 36 (years) 20. Color or race 14 hite 21. Age at last birthday 35 (years) 22. Birthplace (city or place).....Rew 1 13. Birthplace (city or place) BAAAO and (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc. ..... 25. Date (month and year) 17. Total time (years) spent 26, Total time (years) spent last engaged in this work last engaged in this work AM.30 18 in this work..... in this work 20 atorises 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 3.... (b) Born alive but now dead .... (c) Stillborn .... During labor..... months 29. If stillborn, 30. Cause of Stillbirth ..... Separate or weeks period of gestation..... Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 2 Pm. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. ITE PL child at Give name added from a supplemental report..... (Date of) Registrar. Registrar.



PLACE OF DEATE STATE OF IDAHO ATH in instruc-DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE I County of Bonne BUREAU OF VITAL STATISTICS DEATH LLS. JERTIFICATE OF DEATH State File No..... Registration District No... Primary Registration District No. Local Registrar's No.. important. CAUSE (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME..... (a) Residence No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single. Married. Wid-3 SEX 4. Color or Race 21. DATE OF DEATH (month. day and year) owed or Divorced (write 22 I HEREBY, CERTIFY, That I attended deceased from the word) 6 193 1 to 726. 6 193 9 5a. If married, widowed, of divorced HUSBAND of I last saw h alive on 193 death is said (or) WIFE of 6 DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-7. AGE Months Days 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation (mo. and vr.) ..... occupation ... should 12. BIRTHPLACE (city or town) mentature. (State or country) Name of operation..... \_\_ Date of..... What test confirmed diagnosis?..... Was there an 13. NAME autopsy? 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address) Manner of injury..... 18. BURIAL, CREMATION Nature of injury..... tion 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?.... (Address) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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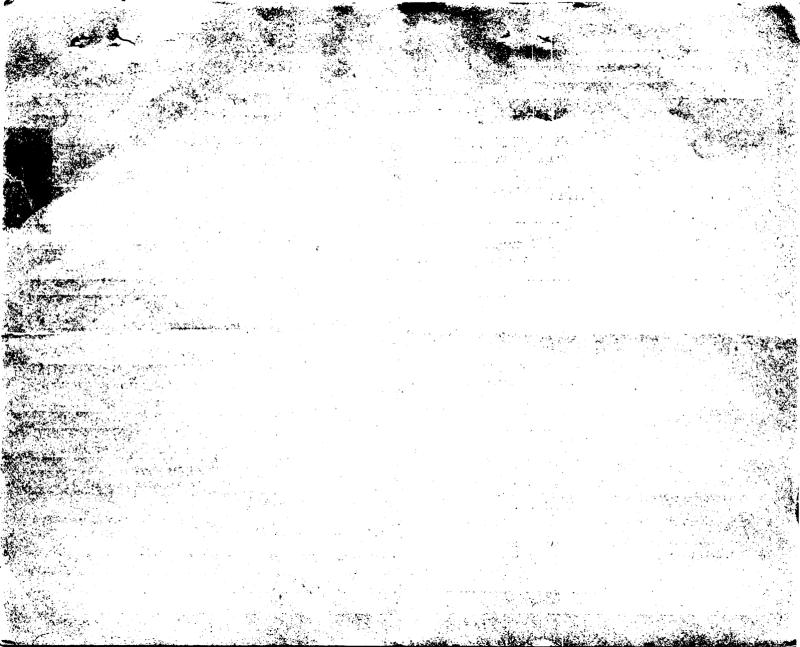
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	· · · · · · · · · · · · · · · · · · ·

PLACE OF BIRTH STATE OF IDAHO APR 11 1434 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of D CERTIFICATE OF BIRTH 278452 7 2 case (er of Prim. Registration District No. 21 N D Local Registrar's No. (If born in hospital or institution give name.) tellberth 2. FULL NAME OF CHILD..... Ŗ'ä 8. Date of 6. Premature 200: 7. Legiti-If plural 4. Twin, triplet, or other ziá 3. Sex birth 7000 37 1999 5. Number, in order of birth..... mate? U Full term..... (Month, Day, Year) mali A PERMANENT RECORD. each, and the number of ea 9. Full FATHER 18. Full MOTHER name maiden Oshanne Hosel Wille. name 10. Residence (sual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Lellan (If non-resident, give place and istate) Oslita. 1 11. Color or race white | 12. Age at last birthday 3/ (years) 20. Color or race white | 21. Age at last birthday 3/ (years) 18. Birthplace (city or place) asleton, Id. 22. Birthplace (city or place) Much Creek 14. (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind / kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. .... 2 2 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, -THUS made 1 work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent UNFADING INK-te Beturn must be last engaged in this work at present 19. at Gresent 19 in this work..... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) 30. Cause of Stillbirthasphylis During later months 29. If stillborn. period of gestation 8 or weeks by strangulation of card Before labor. Devel WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was .... Still how (Born Alive or Stillborn) PLAINLY When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. ..... Midwife Give name added from a supplemental report..... (Date of) Registrar. Registrar.



PLACE OF DEATH STATE OF IDAHO Bonneville DEPARTMENT OF PUBLIC WELFARE DEATH in DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. Ark 1.1 1939 Registration District No..... Primary Registration District No. Local Registrar's No ... important. CAUSE (If death occurred in a hospital or institution, give its name instead of street and number) Stillborn 2. FULL NAME. Usborne (a) Residence No..... OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos, ds. How long in U.S., if of foreign birth? yrs. mos, ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-21. DATE OF DEATH (month, day and year) 4. Color or Race 3. SEX owed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of I last saw h.I.M. alive on... .... 193.**7...:** death is said (or) WIFE of to have occurred on the date stated above, at ..... m. 6. DATE OF BIRTH (month, day, and year) Mev. 27, 1939. If LESS than The principal cause of death and related causes of im-7. AGE Years Months Days 1 day hrs. portance were as follows: Date of onset . min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last workcauses of importance: ed at this occupation spent in this (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) Olala Zells, Olal (State or country) Name of operation... What test confirmed diagnosis? Chu 13. NAME Roy Edwin Ochorn autopsy? To 14. BIRTHPLACE (city or town) ashton, Ilak 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town) Min (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT YVV X in public place (Address) Manner of injury..... 18. BURIAL, CREMATION OR REMOVAL Place of the 9 acre less Date 14 - 2 193 9 Nature of injury 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... (Address) (Signed) .... Registrar. (Address

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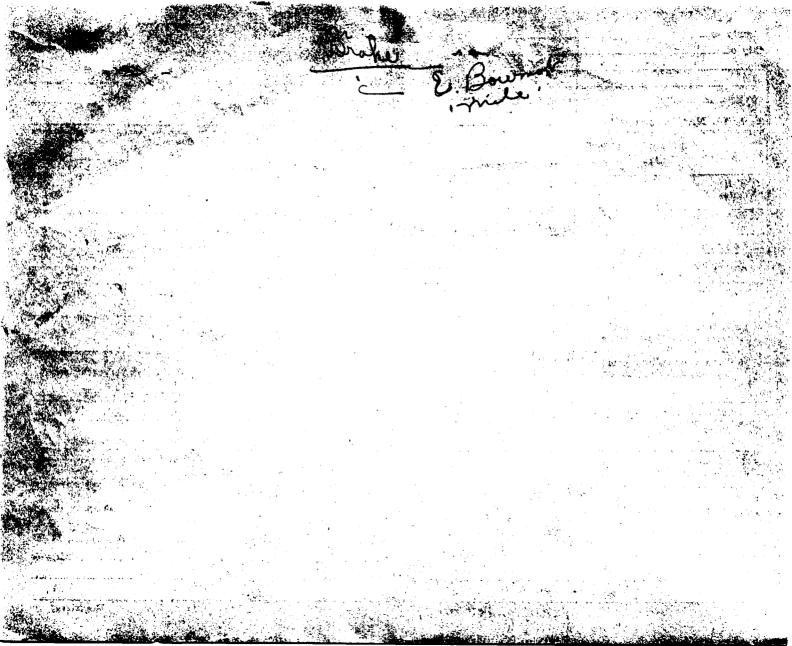
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

CE OF BIRTH STATE OF IDAHO APR 10 1939 BUREAU OF VITAL STATISTICS DEPARTMENT OF PUBLIC WELFARE mios County of City of No. Registration District/No. ..... State File No. (If born in hospital or institution give name.) Prim. Registration/District No. / 206 Local Registrar's No. 2. FULL NAME OF CHILD. 8. Date of If plural 4. Twin, triplet, or other 6. Premature 7./Legiti-8. Sex birth. births 5. Number, in order of birth Full term Zul mate? (Month, Day, Year) 9. Full 18. Full 6 MOTHER. name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) 63 (If non-resident, give place and State). 11. Color or race. 1 12. Age at last birthday 10 13. Birthplace (city or place) 22. Birthplace (city or place)..... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular king kind of work done, as spinner, sawyer, bookkeeper, etc.

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PLACE OF DEATH DEPARTMENT OF PUBL	
BUREAU OF VITAL	TO THE PARTY OF TH
City of Manipa CERTIFICATE O	F DEATH   State File No. 113719
Registration District No	
Registration District No	No. 1006 Local Registrar's No. 72
(No. (If death cocurred in a hospital or institution, gi	and partal)
2. FULL NAME Aly Xalfrey	ve its name instead of street and number)
1 13 02 1.01	Manda de la la
(Usual place of above)	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign blirth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH /,
3. SEX 4. Coloy or Race 5. Single, Married, Widow-	21 DATE OF DEATH (month day and year) 4/4 193
ed or Divorced (write the word)	21. DATE OF DEATH (Month, day and your)
5a. If married, widowed, or divorced	22 I HEREBY CERTIFY. That I attended deceased from
HUSBAND of (or) WIFE of	193./ to
6. DATE OF BIRTH (month, day, and year)	I last saw halive on
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of impor-
1 day 1. hrs.	tance pergas forlows:
8. Trade, profession, or particular	Will born or.
kind of work done, as spinner, savyer, bookkeeper, etc.	7 D D Reather
	May boll internation
saw mill, bank, etc	17000
ed at this occupation spent in this	Other contabutory causes of importance:
(mo. and yr.) occupation	Denteral Sabol
12. BIRTHPLACE (city or town) (State or country)	7000
13. NAME A Caloress	1 Amo
14. BIRTHPLACE (city or town) Duck	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ardene & hamba	23. If death was due to exter'l causes (violence) fill in also
6 16. BIRTHPLACE (city or rown)	Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?
(State or country)	(Specify city or town, county, and state)
17. INFORMANT W. A.	Specify whether injury occurred in industry, in home, or in bublic place.
18. BURIAL, CREMATION OR REPOYET Plesque len	Manner of injury
Place Manapa dako. Dafe 5, 1934	Nature of injury
19. UNDERTARDE LA SEL.	24. Was disease of injury in any way related to occupation
(Address aldwigel the-	of deceased///fi. If so, specify
20. FILED Spril. 7., 1989. ayda . Xodferh	(Addres)
, in grant at	

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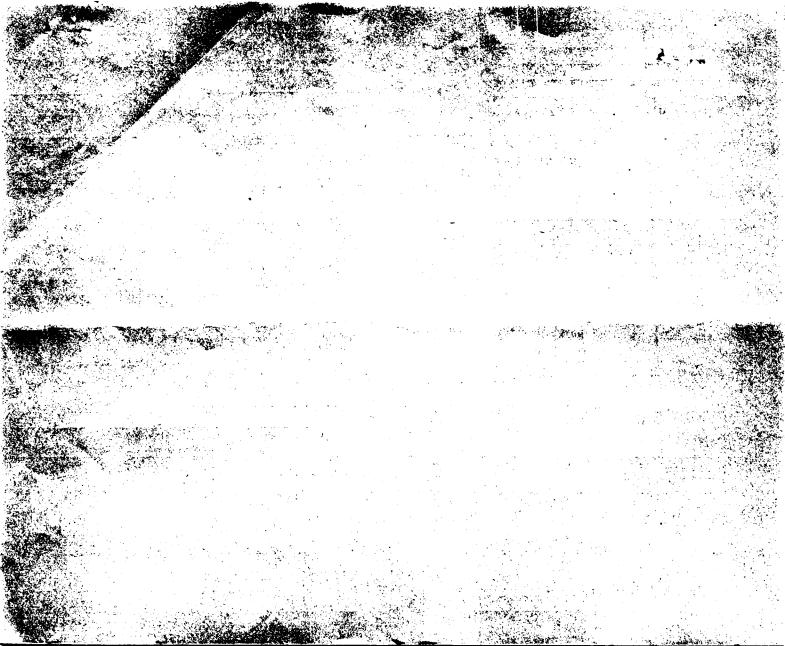
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
× .			

PLACE OF BIRTH STATE OF TARO akly APR 11 1959 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of... CERTIFICATE OF BIRTH 3 278456 No. \_\_\_ State No. Registration District No. ..... (If born in hospital or institution give name.) Prim. Registration District No. 2/96 Local Registrar's No. 49 2. FULL NAME OF CHILD. 8. Date of 6. Premature 412 7. Legiti-If plural (4. Twin, triplet, or other\_\_\_\_\_ 3. Sex birth /births [5. Number, in order of birth..... Full term. mate? PERMANENT RECORD. (Month, Day, 9. Full FATHER 18. Full MOTHER name March maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) ( 11. Color or race | 12. Age at last birthday (years) 20. Color or race | 21. Age at last birthday 13. Birthplace (city or place)..... 22. Birthplace (city or place)..... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. [15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc.

16. Date (month and year)
last engaged in this work lawyer's office, silk mill, etc. 25. Date (month and year) 17. Total time (years) spent IG INKlast engaged in this work 26. Total time (years) spent in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead\_\_\_\_\_ (c) Stillborn 29. If stillborn. months During labor..... 30. Cause of Stillbirth 4.1 period of gestation 34 or weeks Before labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (Born Alive or Spilloom) at2.53m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician (Signed) \_\_\_\_\_ or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report child Address \_\_\_\_\_ Filed 4-7 1989 Laura & 0 (Date of) Registrar.



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

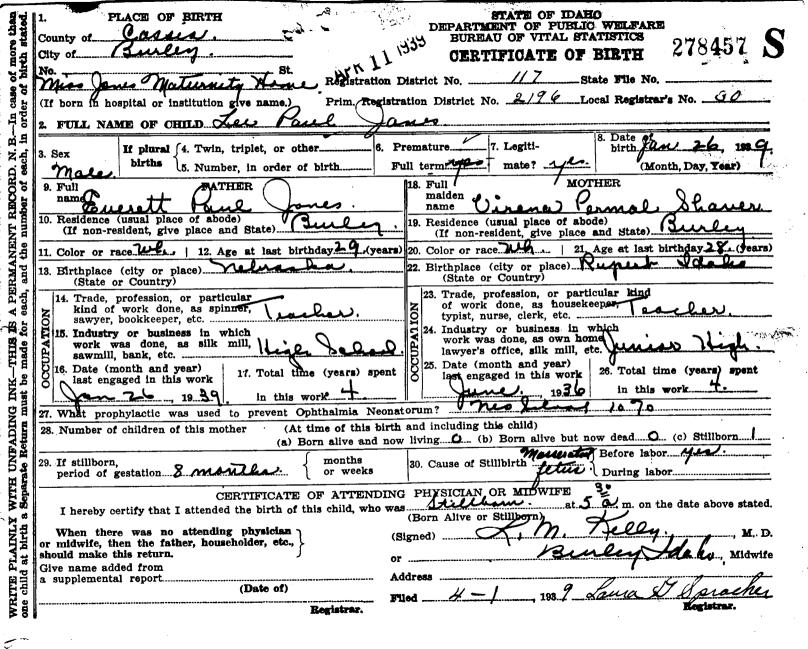
11.—The number of years the deceased followed the occupation.

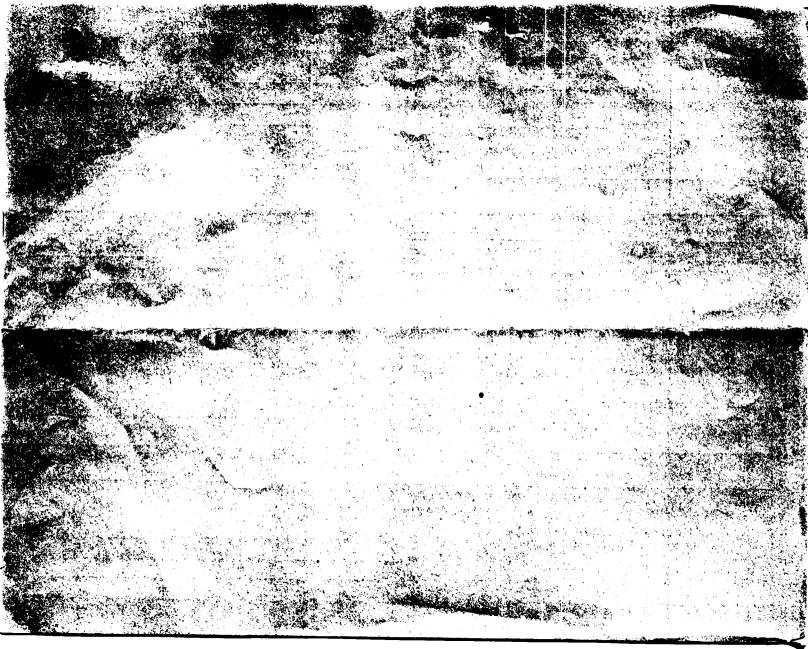
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	<u> </u>
	•••••		





PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No ... Local Registrar's No. Primary Registration District No. 2196 important. (No Janes Maternity Home - 15471 Clakky (If death occurred in a hospital or institution, give its name instead of street and number) 2 FULL NAME LEE Caul Janes, (a) Residence No..... OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year)/-24-1939 owed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced 1-26. 1939 to 1-26, 1939 HUSBAND of /- 24 193.2... death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) /- 26-1939 to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of im-Days 7. AGE Months 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: ed at this occupation spent in this (mo, and yr.) occupation ..... AGE should 12. BIRTHPLACE (city or town).... properly (State or country) Name of operation ...... Date of ..... What test confirmed diagnosis?..... Was there an autopsy?..... 14. BIRTHPLACE (city or town). 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (city or town). (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or ㅎ 17. INFORMANT in public place..... (Address) Manner of injury.... should be 18. BURIAL, CREMAT Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER specify..... of deceased?... (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

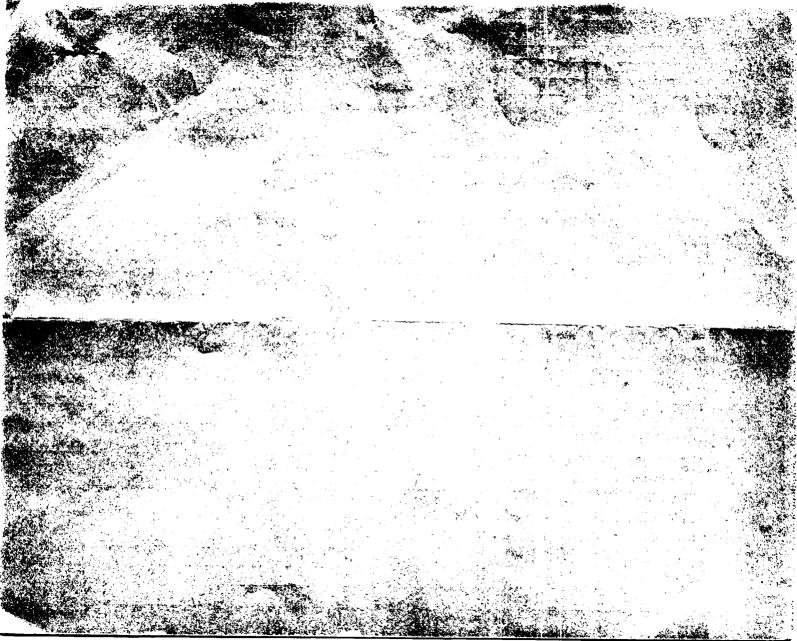
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

RECEIVED STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of... Oreli CERTIFICATE OF BIRTH City of... Registration District No. \_\_\_\_\_90 State File No. .. Prim. Registration District No. 1/57 Local Registrar's No. 30 (If born in hospital or institution give name.) Lee mun 2. FULL NAME OF CHILD. 8. Date of 6. Premature... 7. Legiti-If plural (4. Twin, triplet, or other..... 3-8 hirth 3. Sex hirtha mate? (Month. Day, Year) 5. Number, in order of birth..... Full term... ğ 18. Full MOTHER 9. Full FATHER maiden Saranita name munds. Harry James name 10. Residence (usual place of abode) 19. Residence (usual place of abode) Winne (If non-resident, give place and State) Week (If non-resident, give place and State)..... PERMANENT 20. Color or race 21. Age at last birthday 22 (years) 11. Color or race \( \) | 12. Age at last birthday \( \) (years) 22. Birthplace (city or place) August Melen 18. Birthplace (city or place). Meulatou (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular A PEI each, of work done, as housekeeper, kind of work done, as spinner. armeri. typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 四点 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. ... sawmill, bank, etc. ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work pe VG INK-must be in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Betura mi 28. Number of children of this mother 3 (At time of this birth and including this child) Before labor. months 29. If stillborn. 30. Cause of stillbirth... period of gestation.... or weeks During labor...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 10 at PM. m. on the date above stated. I hereby certify that I attended the birth of this child, who was till bown ಹ (Born Alive or Stiffgra) AINLY birth a When there was no attending physician? (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. child Pt Odalo. Give name added from Address Ona a supplemental report..... (Date of) Filed Registrar. Registrar.



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE ä DO NOT WRITE IN THIS SPACE County of leave at information See instruc-BUREAU OF VITAL STATISTICS City of Chaline CERTIFICATE OF DEATH State File No..... Registration District No..... Local Registrar's No. 29 Primary Registration District No. 2/87 important. (No.... (If death occurred in a hospital or institution, give its name instead of street and number) bo Lee Munds (a) Residence No......St. (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERMANENT RECORD. MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. OCCUPATION 5. Single, Married, Wid-4. Color or Race 21. DATE OF DEATH (month, day and year) 3. SEX owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) \_\_\_\_\_\_, 193z\_\_\_\_, to\_\_\_\_\_\_\_\_, 193z\_\_\_\_ 5a. If married, widowed, or divorced HUSBAND of I last saw h alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at...... m. 6. DATE OF BIRTH (month, day, and year) 2/8-/93 It LESS than The principal cause of death and related causes of im-Months Days Years 7. AGE portance were as follows: 1 day ..... hrs. Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation ..... (mo, and yr.) ..... 12. BIRTHPLACE (city or town) should (State or country) Date of..... What test confirmed diagnosis? Was there an 13. NAME Lave men autopsy? (1) 23. If death was due to exter'l causes (violence) fill in also 14. BIRTHPLACE (city or town) (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and state) 16 BIRTHPLACE (city or town)....... hould be carefully (State or country) Specify whether injury occurred in industry, in home, or in public place.... 17. INFORMANT ... (Address) Manner of injury Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? If so, specify, (Address) Registrar.

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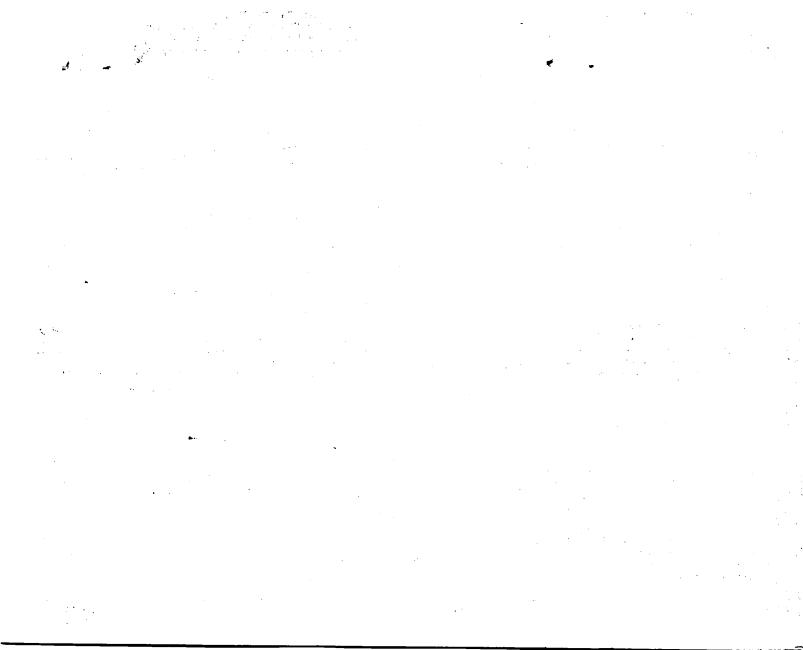
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		ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO 14 1333 County of..... DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS -In case of more order of birth st City of Kamin CERTIFICATE OF BIRTH No. .... Registration District No. \_\_\_\_\_ State File No. ... Prim. Registration District No. 2/3 7 Local Registrar's No. // (If born in hospital or institution give name.) Balon Handron 2. FULL NAME OF CHILD. ų a 8. Date of If plural [4. Twin, triplet, or other\_\_\_\_\_ 6. Premature 7. Legiti-A PERMANENT RECORD. N. each, and the number of each, birth..... births 5. Number, in order of birth.... Full term. mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden Vendron. name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) .... (If non-resident, give place and State)... 11. Color or race 12. Age at last birthday 49 (years) 20. Color or race 21. Age at last birthday 39 (years) 13. Birthplace (city or place)... 22. Birthplace (city or place)... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. \_\_\_\_\_ IG INK—THIS IS must be made for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. .... 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work.... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? **GNT ADIN** 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 12 (b) Born alive but now dead (c) Stillborn Before labor & trangulation 29. If stillborn. months 30. Cause of stillbirth.... period of gestation..... or weeks During labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn at 9am on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., \ should make this return. Give name added from a supplemental report (Date of) Filed 14 - 12 Registrar.



F # 7	STANDARD CERT	IFICATE OF DEATH  DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS				
of Infor ald state & OCCU	1 PLACE OF DEATH County Servis					
		or Village or				
item 5 she ent o	. <i>Ki</i> to	<del>7</del>				
Every ICIANS Statem	2 FULL NAME Baly Lendron	St., Ward sthoccurred in a hospital or institution, give its NAME instead of street and number)				
PHYSI Exact :	(a) Residence, No	St., Ward. (If nonresident, give city or town and State)				
. 5 -	Length of residence in city or town where death occurred yrs. mos.	ds. How long in U.S., if of foreign birth? yrs. mos. ds.				
G.Y.	PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH				
NNENT REEXACTLY classified icate.	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, OR DIVORCED (write the word)	16 DATE OF DEATH (month, day, and year) Stellborn, 19				
PERMANEN stated EXA( properly class of certificate.	SA IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	THAT I LAST SAW H ALIVE ON				
of St. P	6 DATE OF BIRTH (month, day, and year) Feb. 11 - 1939					
THIS IS A should be it may be son back	7 AGE Years Months Days If LESS than 1 day, hrs.	THE CAUSE OF DEATH * WAS AS FOLLOWS:				
F # # # #	8 OCCUPATION OF DECEASED	stranslation -				
NK AGE that	(a) Trade profession, or particular kind of work					
2 . 2	(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY(SECONDARY)				
	9 BIRTHPLACE (city or town) Lamil	(DURATION) YRS. MOS. DS.  18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?				
WITH U sarefully   in plair   portant.	(State or country)  10 NAME OF FATHER Elbert Hendron	DID AN OPERATION PRECEDE DEATH? DATE OF				
> 2 F E	11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER  State of Country	WHAT TEST CONFIRMED DIAGNOSIS?				
AINL ould   F DEA	12 MAIDEN NAME OF MOTHER Stelle Reck	(Signed) , M. D.,				
. 88 /RITE PL Lation sh AUSE OI	13 BIRTHPLACE OF MOTHER (city or town)(State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or HOMICIDAL. (See reverse side for additional space.)				
S. No. 98  - WRIT matic	information (Address) to (Constant	19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  Maria C. 197				
" Þ` Øi Zi	FILED 4 - 75 Pell Cobe 5  11-3184 U. A GOVERNMENT PROTOROGO COTTON 1889  REGISTRAR.	20 UNDERTAKER ADDRESS				

on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive question applies to each and every person, irrespective occupation is very important, so that the relative healthfulness of various pursuits can be known. The REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH [Approved by U.S. Census and American Public Health Association] Statement of occupation.—Precise statement For many occupations a single word or term

specifically the occupations of persons engaged in many cases, especially in industrial employments, it is EASE CAUSING DEATH (the primary affection with respect whatever, write None. occupation at beginning of illness. If retired from up on account of the DISEASE CAUSING DEATH, state maid, etc. If the occupation has been changed or given domestic service for wages, as Servant, Cook, Houseas At school or At home. Care should be taken to report work, or At home, and children, not gainfully employed, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as worked on may form part of the second statement. it should be used only when needed. As examples: an additional line is provided for the latter statement; the nature of the business or industry, and therefore necessary to know (a) the kind of work and also (b) engincer, Civil engineer, Stationary fireman, etc. But in (retired, 6 yrs.). (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Women at home, who are engaged in the duties of the Day laborer, Farm laborer, Laborer—Coal mine, etc. (a) Foreman, (b) Automobile factory. The material Statement of cause of death.—Name, first, the DISthat fact may be indicated thus: Farmer For persons who have no occupation Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Flust the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, celluititis, childbirth, conveutions, hemorrhage, gangrane, gastritis, originals, performits, publishirs, procrosis, peritomitis, publishirs, procrosis, peritomitis, publishirs, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date. approved by Committee on Nomenclature of (Recommendations on statement of cause of death American Medical Association.) Additional space for further statements

as the cause. Always qualify all diseases resulting from ness," etc., when a definite disease can be ascertained tion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakphy," "Collapse," "Coma," "Convulsions," "Debility" report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atro-

("Congenital," "Senile," etc.), "Dropsy," "Exhaus-

important. Example: Measles (disease causing death),

29 ds.; Bronchopneumonia (secondary), 10 ds.

childbirth or miscarriage, as "Puerperal septicemia," "Puerperal perilonitis," etc. State cause for which

DENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accimay be stated under the head of "Contributory." fracture of skull, and consequences (e.g., sepsis, tetanus) acid-probably suicide. The nature of the injury, as dental drowning; Struck by railway train-accident; DEATHS state MEANS OF INJURY and qualify as ACCIsurgical operation was undertaken. Revolver wound of head-homicide; Poisoned by carbolic For VIOLENT

BY PHYSICIAN

inges, peritoneum, etc., Carcinoma, Sarcoma, etc., of

use of "Tumor" for malignant neoplasms); Measles; ----- (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-

Whooping cough; Chronic valvular heart disease; Chronic

or intercurrent) affection need not be stated unless

The contributory (secondary

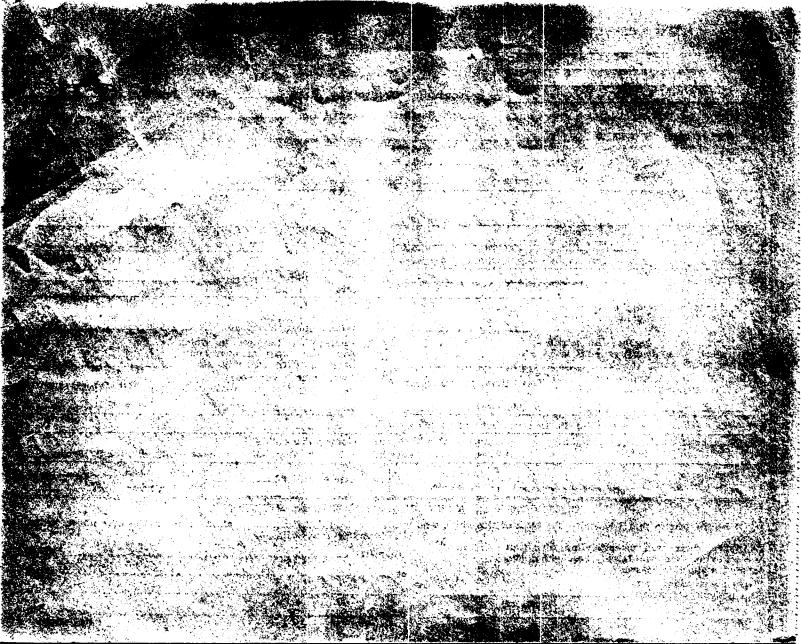
interstitial nephritis, etc.

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-

Typhoid fever (never report "Typhoid pneumonia")

Lobar pneumonia; Bronchopneumonia ("Pneumonia,"

term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accepted



STATE OF IDAHO PLACE OF DE DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH City of... State File No... Registration District No... Primary Registration District No. 4449 96 Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) 2 FULL NAME (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. should OCCUPATION MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year) 1 18193 9 owed or Divorced (write 22 I HEREBY CERTIFY. That I attended deceased from the word) Feb 28 1939 4 to 193 9 to. ka. If married, widowed, or divorced HUSBAND of I last saw her alive on Stile (or) WIFE of to have occurred on the date stated above, at ......... m. 6. DATE OF BIRTH (month, day, and year) Fol 28-39 If LESS than The principal cause of death and related causes of im-Months Days 7. AGE Years 1 day ..... hrs. portance were as follows: Date of onset or \_\_\_\_ min. EXACTLY. 8. Trade, profession, or particular kind of work done, as spinner, INK-THIS IS sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, stated saw mill, bank, etc ...... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation occupation (mo. and yr.) ..... AGE should be UNFADING 12. BIRTHPLACE (city or town) be properly (State or country) Name of operation Date of What test confirmed diagnosis? Was there an 13. NAME autopsy? 72. 23. If death was due to exter'l causes (violence) fill in also 14. BIRTHPLACE (city or town) (State or country) the following: carefully supplied. Accident, suicide, or homicide?..... Date of injury...... certificate. 15. MAIDEN NAME 193...... Where did injury occur?.... 16. BIRTHPLACE (city or town)..... (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place..... 17. INFORMANT (Address) Manner of injury.... 18. BURIAL, CREMAT hould be Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? (Address) (Signed) ..... (Address .....

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done,
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

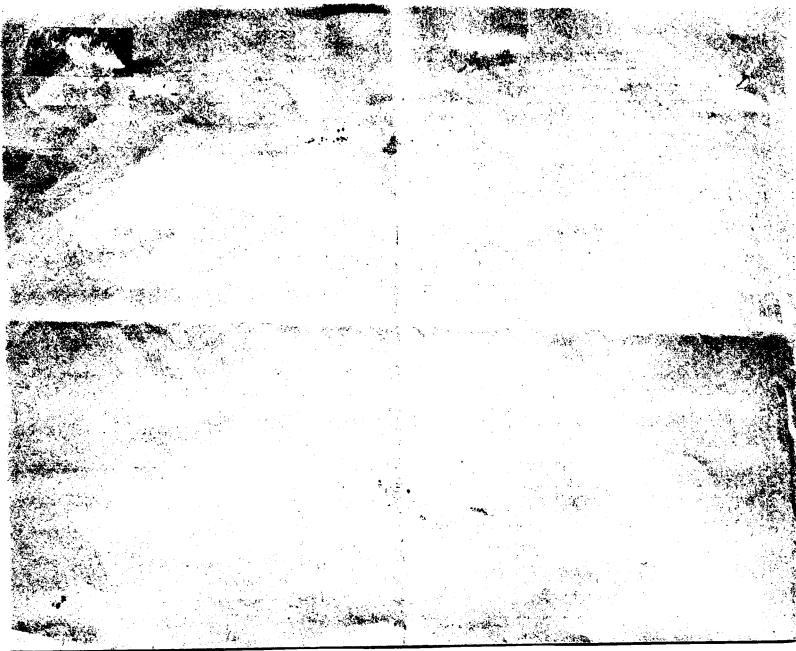
and a configuration of the same

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHA DEPARTMENT OF PUBLIC WELFARE County of in BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. -State File No. Prim. Registration District No. 2087 Local Registrar's No. (If born in hospital or institution give name,)-2. FULL NAME OF CHILD 됨 If plural (4. Twin, triplet, or other\_\_\_\_\_ 8. Date of 6. Premature 4. 7. Legiti-8. Sex births [5. Number, in order of birth..... birth Feb. 2 female Full term mo mate? (Month, Day, Year) Full George Otho Prather 9. Full 18. Full MOTHER. maiden Leana mc Laughl nama 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Bull, Idaho (If non-resident, give place and istate) 11. Color or race What | 12. Age at last birthday 2.7 (years) 20. Color or race A hall | 21. Age at last birthday 22 (years) 18. Birthplace (city or place) Sucambre tamas 22. Birthplace (city or place) Sulpendence Kano (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. \_\_\_\_\_\_labour Little Ladustry or business in which 24. Industry or business in which work was done, as silk mill work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. \_\_\_ 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work last engaged in this work 26. Total time (years) spent Feb. 8 19.3-7 216.8 in this work 5ms in this work UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. months During labor..... period of gestation 2 menths 30. Cause of Stillbirth ..... or weeks WITH Separa Before labor.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed) JUNE 7. should make this return. Give name added from a supplemental report..... Address K (Date of) Registrar.



STATE OF IDAHO should state + PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE OCCUR County of BREEAU OF VITAL STATISTICS 113727 OF DEATH City of State File No. Registration District No MPrimary Registration District No. 2087 PHYSICIANS Local Register's No. RECORD. (If death occurred in a hospital or institution, give its name instead of street and number) FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred byrs. mos dis. How long in U. S., if of foreign birth? yrs. mos. PERMANENT EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) 7. 8 ed or Diverced (write the word) 22. I HEREBY CERTIFY That I attended deceased from 5a. If married, widowed, or divorced stated HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month/day, and year) to have occurred on the date stated above, at 9:50 7. AGE Months Years Days If LESS than The principal cause of death and related causes of importance ehould 1 day ..... hrs. X Ł or ..... min. Date of on 8. Trade, profession, or particular kind of work done, as spinner, UNFADING INKsawyer, bookkeeper, etc. . 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 10. Date deceased last work-11. Total time (years) supplied. ed at this occupation spent in this Other contributory causes of importance: occupation (mo. and yr.) ...... DEATH in plain terms, 12. BIRTHPLACE (city or town) (State or country) carefull FATHE 13. NAME Name of operation What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (city or town) important. (State or country) 23. If death was due to exter'l causes (violence) fill in also the should be following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury...... 193.... Where did injury occur? . 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Very Specify whether injury occurred in industry, in home, or in OF. information 17. INFORMANT public place. (Address) 18. BUHIAL, CREMATION Manner of injury..... CAUSE TION Nature of injury..... ... 193 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) deceased? ..... (Signed) 1 (Address) Registrar.

RESERVED

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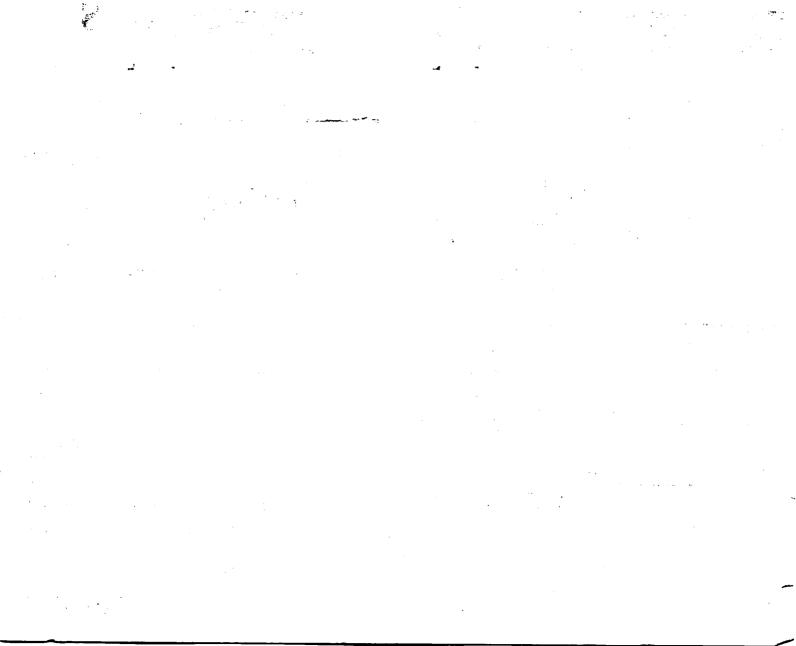
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The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related cases of importance were as follows:	Date of onset				
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago				
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago				
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1				
Cansones	Widy 1, 1923	Castiochicitus	1 year				
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN					
	••••••						

ed b	County of July Falls. 1939	STATE OF IDAHO				
e the	County of Jury Falls.  City of Jury Halls.	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				
more rth st	· · · · · · · · · · · · · · · · · · ·	CERTIFICATE OF BIRTH 278464				
42	NoSt	District No. 37 State File No.				
case er of	(If born in hospital or institution give name.) Prim. Registration 1	ation District No. 1955 Local Registrar's No. 97				
In (	2. FULL NAME OF CHILD ( USUE)	Stillbirth				
in c		a Data of A				
z g	3. Sex births 4. Twin, triplet, or other	//// Limits / 1/// 109//				
PERMANENT RECORD. ch, and the number of ea	9. Full parting Wartin	18. Full MOTHER MOTHER name (usual place of abode)				
num	10. Residence (usual place of abode) (If non-resident, give place and State) Jurus Galla	19. Residence (usual place of abode) (If non-resident, give place and State)				
the	11. Color or race	20. Color or race 21. Age at last birthday 26(years)				
RMA	13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place)				
4 8	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.				
iis is	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	typist, nurse, clerk, etc.  La Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.				
WITH UNFADING INK-THIS Separate Return must be made	16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent				
E E	in this work	in this work				
D' B	27. What prophylactic was used to prevent Ophthalmia Neonat	orum? Us.				
FADI		and including this child) very living				
rate I	29. Is still born, period of gestation about 5 u.o. months or weeks	30. Cause of Stillbirth Before labor				
PLAINLY WITH d at birth a Sepa		PRYSICIAN OR MIDWIFE  By Midwell at m. on the date above stated.  (Born Alive or Stillbook)				
at bi	or midwife, then the father, householder, etc., \					
CE Phild	Give name added from a supplemental report	Idress // Do Warry Twy Falls.				
7.49	(Date of)	led 4-2 1939 MANUEL 1939				
4.1	Registrar.	The state of the s				
		•				



	. PLACE OF DEATH $13$	193 <b>9<sup>TATE</sup></b>	CERTIFICA	TE OF	DEATH	Register	ed No	
11	Residence	Dist. No	2085	hospi	tal or	ccurred in institution instead of nber.		
	(Home, Hospital or Ins Length of residence in County where death occurred	Yra.	Mos. Days	How long birth?	In U. S. If of foreign	Yrs.	Mos.	Days
2.			rling Marti n Falls, Id	laho	non-resident give city	or county	and state	)
3.	PERSONAL AND STATIS MALE 4. White, Black, FEMALE Yellow, Red	5. Single	RTICULARS , Married, Widowed ced (write the word	21. DATE O	MEDICAL CERTIFIC F DEATH day and year) Febr			939
58	Male White L. If married, widowed, or divorce Husband of	Sir Sir	ngle		BY CERTIFY, That I	attended		from 19
6.	(or) Wife of  Date of Birth (Month, day and year) Febra	arv 19.	. 1939	I last saw h	irred on the date state	d above, a	t	Death is said
7.	AGE Years Months 1	O hrs	less than 1 day	causes of in as follows:	al cause of death an apportance in order of or	nset were		Mo. Day
lon	8. Trade, profession, or partice 9. Industry or business in wh	Mil	looru.					
Occupat	9. Industry or business in which work was used to be a second to be seen to b			n 72	Wales	9		
12	and year)  BIRTHPLACE (City or Town, 'I'win Falls, I		State, or Country		causes of importance priscipal causes	not Alls	6	
her	13. NAME Sterlin 14. BIRTHPLACE (City or Tow	ø Marti	in	Where was	disease first diagnosed	at	hou	19
Fath	Missour	_	ig State, or Country	- Condition fo	r which performed	Lo:	ate of	t
Mother	15. MAIDEN NAME Cath 16. BIRTHPLACE (City or Tow Indi	erine I m, County ar	Haard ad State, or Country	Was there		Was there	an inque	,
17	17. SIGNATURE OF Studing Market (Address) PAD 3 . June valle- Se				was due to external c cident—Suicide—Homic 9 Where did injury	ide? Date		
18	(Address) (17 3 3)  B BURIAL, CREMATION OR RI  Place Filer Cemeter	Check whetl	(Specify ci	ty or town				
19	UNDERTAKER BUSIL	8. Hier	2-20 1939	Nature of 1 24. Was dis	njuryease or injury in any	way rel	ated to o	ccupation of
20	(Address) NIN	r'alla.		deceased?	If so, specify	1101	8111	***************************************
	on the 1939 by	Mamin	ukieu	(SIGNED)	HYRIMO	rige	Jury	Jall

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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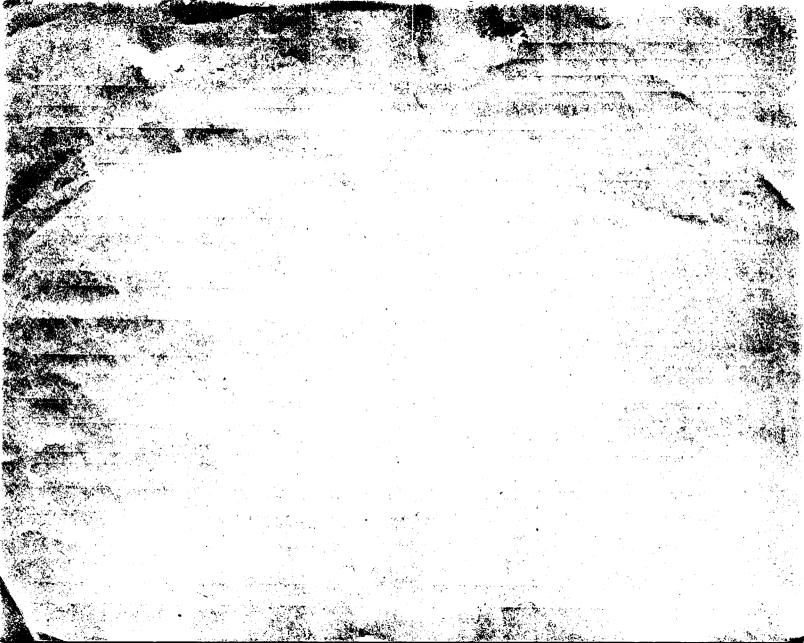
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
		***************************************	***************************************		

STATE OF IDAHOUS PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE Talls Clounty of... BUREAU OF VITAL STATISTICS WK 11 1959 CER City of.... CERTIFICATE OF BIRTH No./\_ State File No. .. Prim, Registration District No. 3685 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD... 8. Dags of If plural (4. Twin, triplet, or other 6. Premature 7. Legiti-8. Sex births male 5. Number, in order of birth Full term W mate? (Month. Day. Year) PERMANENT RECORD. 18. Full 9. Wall FATHER MOTHER name/ maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and state) (F non-resident, give place and State). Bull 11. Color or race 12 | 12. Age at last birthday 42 (years) arimore 13. Birthplace (city or place)\_\_\_\_\_ 22. Birthplace (city or place)..... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 15. Industry or business in which work was done, as own home, work was done, as silk mill. sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last/engaged in this work last engaged in this work Wiseut 1934 Meseut 10: in this work 2/ UM. in this work.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3... (b) Born alive but now dead. (c) Stillborn (During labor..... 29. If stillborn. months 30. Cause of Stillbirth ..... period of gestation..... or weeks Before labor..... 210 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 3a m. on the date above stated. I hereby certify that I attended the birth of this child, who was still a transfer at (Born Alive or Stillborn) (Signed) Charles When there was no attending physician ? Bermer M. D. or midwife, then the father, householder, etc., should make this return. ... Midwife Give name added from Address Dwin Fally, a supplemental report..... (Date of) Registrar.



STATE OF IDAHO PHYSICIANS should state PLACE OF DEATH 6 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE Twin Falls. County of. BUREAU OF VITAL STATISTICS 113729 Twin Falls CERTIFICATE OF DEATH State File No. City of... HEN IL WAS Registration District No. Primary Registration District No. 2085 Local Registrar's No. RECORD. (If death occurred in a hospital or institution, give its name instead of street and number) Baby Stubblefield 2. FULL NAME Twin Falls Co. General Hospital. (a) Residence. No..... (Usufal place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERMANENT EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) Mar, 8, 193 BINDING ed or Divorced (write the Male word)Single White 22. I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced stated \_\_\_\_\_\_\_1939 to mar.8 HUSBAND of (or) WIFE of I last saw him Jallye on M AV. 8 6. DATE OF BIRTH (month, day, and year) March.8th. 1939 2 to have occurred on the date stated above, at 1:00 7. AGE Days If LESS than UNFADING INK-THIS The principal cause of death and related causes of importance should 1 day ..... hrs. RESERVED or ..... min. Date of one 8. Trade, profession, or particular hack kind of work done, as spinner, X AGE sawyer, bookkeeper, etc. ..... 9. Industry or business in which X work was done, as silk mill. See instruction carefully supplied. ed at this occupation spent in this Other contributory causes of importance: occupation ..... (mo. and yr.) Twin Falls. DEATH in plain terms, 12. BIRTHPLACE (city or town) Ida. (State or country) Name of operation Julyma 13. NAME Delbert Stubblefield. 14. BIRTHPLACE (city or Colfax Co, What test confirmed diagnosis? Was there an autopsy? N.M. very important. (State or country) 23. If death was due to exter'l causes (violence) fill in also the PLAINLY, information should be following: 15. MAIDEN NAME Nina Felps. Accident, suicide, or homicide?..... Date of injury....., 193.... Okla. Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in CAUSE OF 17. INFORMANT public place. (Address 18. BURIAL, CREMATION OR REMO Manner of injury Ida. MOLL Place Buhl. Nature of injury..... Evans & Johnson 24, Was disease or injury in any way related to occupation of 19. UNDERTAKER deceased? \_\_\_\_\_ If so, specify (Midress) | Buh] (Signed) Weller (Address)

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ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN			
	***************				
	•••••	•	*****************		

PLACE OF BIRTH STATE OF IDAGO M. 4 1.7 1293 DEPARTMENT OF PUBLIC WELFARE County of January Fally So. BUREAU OF VITAL STATISTICS 278466 City of June Falls Ida CERTIFICATE OF BIRTH No. Registration District No. ..... \_\_\_State File No. ..... Horns Local Registrar's No. 126 Prim. Registration District No. 3485 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD /5 -62 8. Date of birth 3/12/39 193 8. Sex birthe 5. Number, in order of birth..... Full term # mate? (Month, Day, Year) 9. Kull FATHER 18. Fun ( name maiden name 10. Residence (usual place of abode) Residence (usual place of abode) (If non-resident, give place and State). Hansen (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 25 (years) 20. Color or race 12. Age at last birthday 25 (years) 13. Birthplace (city or place). Bue Plani 22. Birthplace (city or place) Cauton (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. \_\_\_\_ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work 5 year in this work Z UNIFADING to Return m 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother 3 (At time of this birth and including this child) 29. If stillborn. months 30. Cause of Stillbirth . period of gestation 9 month or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 4 m. on the date above stated. I hereby certify that I attended the birth of this child, who was · (Born All Stillborn) When there was no attending physician ? (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.

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PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPA DEATH in information instruc-County of Twin Falls BUREAU OF VITAL STATISTICS City of Twir-Falls CERTIFICATE OF DEATH State File No..... WAY 1 1394 Registration District No.....37 Primary Registration District No. 2085 Local Registrar's No.... important. (NoSuburban Maternity Home ) should state CAUSE (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAMEBABY Osborn OCCUPATION is very (Usual place of abode) O (7 nonresident give city or town and state)
Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 4. Color or Race 5. Single, Married, Wid-3. SEX 21. DATE OF DEATH (month, day and year)3/17193 9 owed or Divorced (write the word) Single 22 I HEREBY CERTIFY, That I attended deceased from Male White PERMANENT 3/17/ 193 9 to 3/17/ 1939 I last saw h 1m on 3/17/ 1939 death is said 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, a4:30p. m. 6. DATE OF BIRTH (month, day, and year) 3/17/39 The principal cause of death and related causes of im-Months Days Years 7. AGE 1 day ..... hrs. portance were as follows: Date of onset 0 0 0 or ..... min. 8. Trade, profession, or particular kind of work done, as spinner Infant UNFADING INK-THIS IS 9. Industry or business in which work was done, as silk mill, be stated saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation .... (mo. and yr.) ..... AGE should 12. BIRTHPLACE (city or town) Twin Falls. (State or country) Name of operation Manage Date of What test confirmed diagnosis?..... Was there an 13. NAME Albert Osborn autopsy?..... 14. BIRTHPLACE (city or town) Bell Plaines 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Kansas should be carefully supplied. Accident, suicide, or homicide?...... Date of injury...... 15. MAIDEN NAME Mildred Olair Krieger 193..... Where did injury occur? 16. BIRTHPLACE (city or town) Canton (Specify city or town, county, and state) (State or country) Kansas. Specify whether injury occurred in industry, in home, or m 17. INFORMANT in public place (Address) Hansen, Idaho Manner of injury.... 18. BURIAL CREMATION OR REMOVAL Nature of injury..... Tenin Falls Com. Date 3/18/ 193.9 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?.....psopecify... (Address) (Address Twin Falls, Idaho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

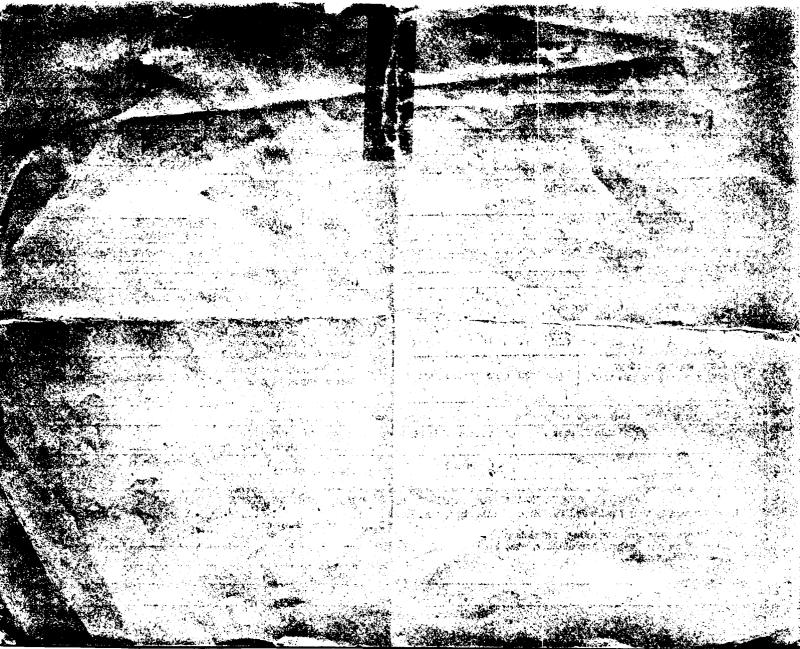
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	+	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	



1. PLACE OF DEATH

19. TINDERTAKER

(Address)

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20. FILED AND BURIAL OR REMOVAL PERMIT ASSUED

REMOVAL BEFORE FILED HE MUST H

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH Registered No. CERTIFICATE OF DEATH ......Registration Dist. No...... If death occurred in hospital or institution give its name instead of street and number. Mos. DAVE (If non-resident give city or county and state) MEDICAL CERTIFICATE OF DEATH March 29th. 1939 22. I HEREBY CERTIFY, That I attended deceased from 19..... Death is said to have occurred on the date stated above, at The principal cause of death and related **Date of Onset** causes of importance in order of onset were Yr. | Mo. | Day Contributory causes of importance not Where was disease first diagnosed? ... Name of operation \_\_\_\_\_ date of \_\_\_ Condition for which performed ..... Was there an autopsy? Was there an inquest? a. If death was due to external causes, fill in also the following: (Check) Accident-Suicide-Homicide? Date of injury..... ..... Where did injury occur?... (Specify city or town, county and state) Check whether injury occurred in industry... home... public place.... 24. Was disease or injury in any way related to occupation of deceased? 240 . If so, specify

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

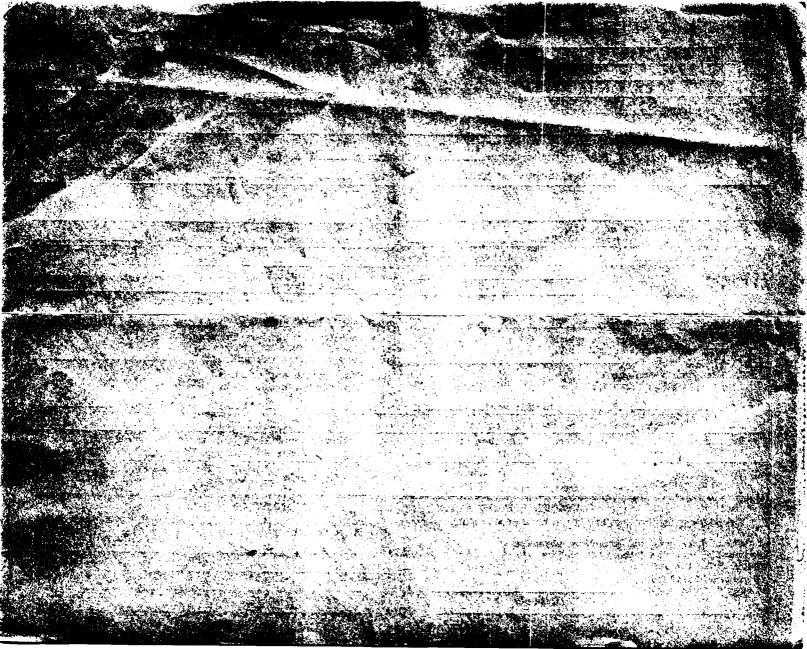
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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EXAMPLE I		EXAMPLE II				
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
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Gallswifes	May 1, 1923	Gastroenteritis	1 year			
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN				
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County of Carried State Mail 4	1939 DEPARTMENT OF PUBLIC WARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH \$279563
NoStRegistrati	on District No. 83 State File No. 9 gistration District No. 2/60 Local Registrar's No.
8. Sex births 4. Twin, triplet, or other	7. Legiti- Full term 7. Legiti- mate? 8. Date of birth 2 193 7 (Month, Day, Year)
9. Full FATHER name 10. Residence (usual plage of abode)	18. Full MOTHER maiden name Julian Substance  19. Residence (usual place of abode)
(If non-resident, give place and State)   Malched,	(If non-resident, give place and State)
13. Birthplace (city or place) Heston, State (State or Country)	22. Birthplace (city or place) Thatcher Thaks. (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done as silk mill	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year)  26. Total time (years) spent
work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (year) in this work	last engaged in this work
27. What prophylactic was used to prevent Ophthalmia N	
28. Number of children of this mother (At time of this leads to be a substitute of the leads t	now living
29. If stillborn, months or weeks	30. Cause of stillbirth Before labor
CERTIFICATE OF ATTENI I hereby certify that I attended the birth of this child, who When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report	OING PHYSICIAN OR MIDWIFE  O WAS
(Date of)	Filed april 10, 1939 ada L. Coffee
Rogistrar.	uckient.



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Saleman, (b) Grocery: (a) Foreman. (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer," etc, without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

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	PARTMENT OF CO		<b>STANDA</b>	RD CER	TIF	ICATE (	OF BIRT	H St	ate File No	<b>2</b>
1.	PLACE OF BIR	RTH: 12h	- 3				- 0 -/		gistered No	
,	County	over	uno		2	? Sta	te Wa	e-K	U ·	~~
6	Towns	<u>'                                    </u>	<b>.</b>		11	or Villag	ge			
	. 4 8ay	Vece	rea	n No.			-	St	,,	Ward.
X	Full name of c	hild 20	'nn às	ned	هن.	ru courred in a h	nospital or institution,		instead of street and If child is not yet supplemental rep	t named, make
3,	Sex 7	births	, triplet, or other		natur#	7. Legiti-	8. Dat	Irth	fr 26	, 193 <del>/</del>
.و	Full name 13	FATI		ne,	1:	B. Full malden name	De sile	OTHER	eha	
10.	Residence (usual r	place of abode) give place and State)	Tene	ed Kell	1	9. Residence (usu	nal place of abode) int, give place and St	ate) Ze	ered	loly
11.	Color or race	ret 12. Ago	at last birthday	<b>X</b> 8 (ye	ars) 2	O. Color or race	edin 21	. Age at last bir	thday 2ら	(years)
13.	Birthplace (city or	place and State or co	intry):	a12,	2	2. Birthplace (cit;	y or place and Stat	e or country):		
	14. Trade, profession of works	slon, or particular k done, as spinner, okkeeper, etc	Robo	N		23. Trade, pro of work typist, n	fession, or particular done, as housek turse, clerk, etc	kind reeper 7 Le	cece C	vora
OCCUPATIO		stry or business in which rk was done, as silk mill, wmill, bank, etc			IPATION	24. Industry o	r business in which s done, as own hom s office, silk mill, e	ie, L	men	_ و
000	16. Date (month in this work	and year) last engage	i 17. Total time (y	ears) spent in this	4	<b>)</b> 1	ith and year) last en	l l	tal timo (years) spe	nt in this work
27	Number of children	, 193 of this mother	<u> </u>		<u> </u>	}		, 193	1	)
	(At time of this	of this mother birth and including t	his child)	(a) Born alive a	ind now II	ving	(b) Born alive but	now dead	(c) Stillbe	
28	. If stillborn, period of gestalic		onths 29. Cause of	f stillbirth	PΛ	ema	elun		During labo	
	•	ify that I attended				(Born alive or st	som at	FE 79	p. on the date	above stated.
{0;	When there was midwife, then t c., should make	no attending physic he father, househol this return.	clan der,}		(\$	igned)	X.Ce.	nes	you	м. D.
	ven name added					or				, Midwife
	a supplemental	герогт	(Date of)	12 4	Ad	dress	yello	حو پر	UZU,	
	Af	1-01	John	Fost	Fil	ed April	<u> 17</u> ,193%.		Im fo	Pagistre
<u>5</u>	334a	10/		Registrar.  U. B. GOVERNMENT PRINTE	NG OFFICE: 19	/ ss c11—7117	·			Registrar.

Why births should be registered.—There is hardly a relation of life—social, legal, or economic—in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

- (1) As evidence to prove the age and legitimacy of heirs;
- (2) As proof of age to determine the validity of a contract entered into by an alleged minor;
- (3) As evidence to establish age and proof of citizenship and descent in order to vote;
- (4) As evidence to establish the right of admission to the professions and to many public offices;
  - (5) As evidence of legal age to marry;
- (6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
- (7) As evidence to determine the liability of parents for the debts of a minor;

- (8) As evidence in the administration of estates, the settlement of insurance and pensions:
- (9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
- (10) As evidence in the enforcement of law relating to education and to child labor;
- (11) As evidence to determine the relations of guardians and wards:
  - (12) As proof of citizenship in order to obtain a passport;
- (13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation.—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write housewife in answer to Question 23 and own home in answer to Question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

14 and 23.—The trade, profession, or particular kind of work done.

15 and 24.—The industry or business in which the work is done.

16 and 25.—The month and year the person last worked at the occupation.

17 and 26.—The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATE OF IDAHO PHYSICIANS should state PLACE OF DEATH of OCCUPA-DO NOT WRITE IN DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF DEATH State File No..... City of... Registration District No...... Primary Registration District No..... Local Registrar's No. statement RECORD. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERMANENT EXACTLY MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widow-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) Om 2 ed or Divorced (write the BINDING word) 22. I HEREBY CERTIFY, That I attended deceased from stated 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at \_\_\_\_\_ m. If LESS than 7. AGE Years The principal cause of death and related causes of importance **sh**ould 1 day ..... hrs. were as follows: Date of onest or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 10. Date deceased last work- 11. Total time (years) instruction supplied. spent in this Other contributory causes of importance: ed at this occupation occupation (mo. and yr.) ..... 12. BIRTHPLACE (city or town) (State or country) carefully 13. NAME Name of operation...... Date of. What test confirmed diagnosis? ...... Was there an autopsy?...... 14. BIRTHPLACE (city or town) (State or country) very important. 23. If death was due to exter'l causes (violence) fill in also the DEATH in WRITE PLAINLY, following: nformation should be Accident, suicide, or homicide?...... Date of injury....., 193.... 15. MAIDEN NAME Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in 17. INFORMANT OF public place. (Address) Manner of injury..... 18. BURIAL, CREMATION OR REMOVAL CAUSE Nature of injury MOIL 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER AGE deceased? ..... If so (Address) (Signed)

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to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms,
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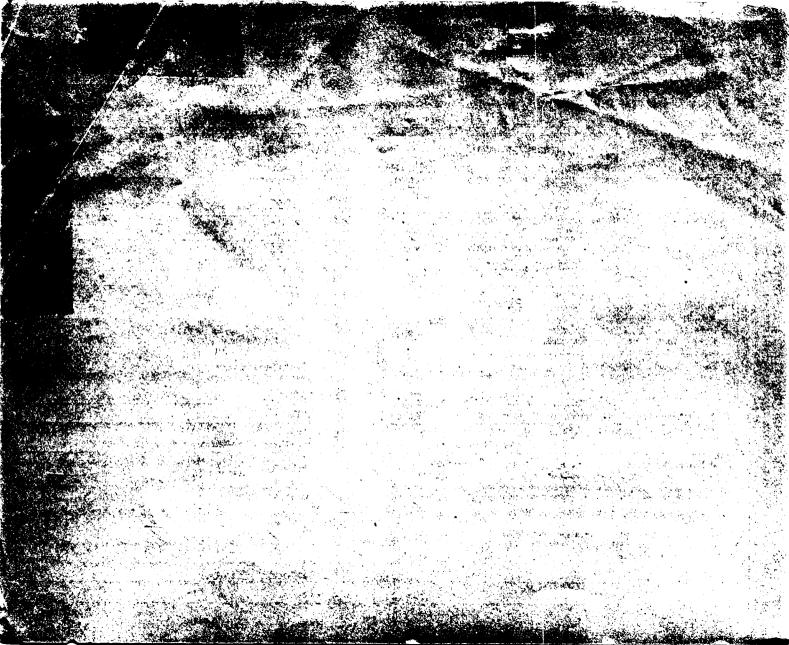
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Total time (eyears)   Sear   Housewife   Stillborn		STATE OF IDAHO EPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
2 FULL NAME OF CHILD Allen Leroy Swainston,  STILLBORN.  S. Sex   If plural [4. Twin, triplet, or other	No. Rast & North Idaho st	No. IZI State File No. 279565
3. Sex births births 5. Number, in order of birth 5. Number of abode) Blackfoot, Idaho (If non-resident, give place and State).  10. Residence (usual place of abode) Blackfoot, Idaho (If non-resident, give place and State).  11. Color or race Mhite   12. Age at last birthday. 28. (years) and the color of color or particular of work done, as spinner, sawyer, bookkeeper, etc.  12. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  13. Date (month and year)   14. Trade, profession, or particular kind of work done, as housekeeper, Housewife typist, nurse, clerk, etc.  14. Industry or business in which work was done, as sown home, laster or or sawmill, bank, etc.  15. Date (month and year)   15. Date	FULL NAME OF CHILD Allen Leroy Swainston,	, ,
April 2, 19.59 in this work 20 yrs.  27. What prophylactic was used to prevent Ophthalmia Neonatorum?  28. Number of children of this mother 4 (At time of this birth and including this child)  29. If stillbory of children of this mother 4 (At time of this birth and including this child)  29. If stillbory of gestation of gestation of the child, who was Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was Stillborn  When there was no attending physician or midwife, then the father, householder, etc., should make this return.  Or Midwife	3. Sex   If plural 4. Twin, triplet, or other	No birth April 2, 1989
Rind of work done, as shifted by the sawyer, bookkeeper, etc.  25 by sawyer, bookkeeper, etc.  26 by sawyer, bookkeeper, etc.  27 listillborn for hilder of this mother for hilder of gestation of gestation of gestation of gestation of this child, who was some attending physician or midwife, then there was no attending physician or midwife, then the father, householder, etc., sawyer's office, silk mill, etc.  28 by sawyer, bookkeeper, etc.  29 lif stillborn work was done, as silk mill, etc.  20 lif work done, as housekeeper, increased typist, nurse, clerk, etc.  24 Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  26 lif work done, as housekeeper, increased typist, nurse, clerk, etc.  26 lif work was done, as silk mill, etc.  27 listill must yor business in which work was done, as own home, lawyer's office, silk mill, etc.  28 lif work adone, as nousekeeper, increased typist, nurse, clerk, etc.  29 lif work was done, as sulk mill, etc.  20 lif work done, as housekeeper, increased typist, nurse, clerk, etc.  24 Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  29 lif stillborn work as done, as silk mill, etc.  20 lif stillborn work as done, as will etc.  20 lif stillborn work as done, as own home, lawyer's office, silk mill, etc.  20 lif stillborn work as used to prevent Ophthalmia Neonatorum?  20 lif stillborn work as used to prevent Ophthalmia Neonatorum?  21 last engaged in this work was cone, as will mill, etc.  22 lif work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done,	9. Full FATHER name Albert Lorenzo Swenson, a warrstore.	iden and I am Backer
Rind of work done, as shifted by the sawyer, bookkeeper, etc.  25 by sawyer, bookkeeper, etc.  26 by sawyer, bookkeeper, etc.  27 listillborn for hilder of this mother for hilder of gestation of gestation of gestation of gestation of this child, who was some attending physician or midwife, then there was no attending physician or midwife, then the father, householder, etc., sawyer's office, silk mill, etc.  28 by sawyer, bookkeeper, etc.  29 lif stillborn work was done, as silk mill, etc.  20 lif work done, as housekeeper, increased typist, nurse, clerk, etc.  24 Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  26 lif work done, as housekeeper, increased typist, nurse, clerk, etc.  26 lif work was done, as silk mill, etc.  27 listill must yor business in which work was done, as own home, lawyer's office, silk mill, etc.  28 lif work adone, as nousekeeper, increased typist, nurse, clerk, etc.  29 lif work was done, as sulk mill, etc.  20 lif work done, as housekeeper, increased typist, nurse, clerk, etc.  24 Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  29 lif stillborn work as done, as silk mill, etc.  20 lif stillborn work as done, as will etc.  20 lif stillborn work as done, as own home, lawyer's office, silk mill, etc.  20 lif stillborn work as used to prevent Ophthalmia Neonatorum?  20 lif stillborn work as used to prevent Ophthalmia Neonatorum?  21 last engaged in this work was cone, as will mill, etc.  22 lif work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done, as own home, lawyer's office, silk mill, work was done,	19. Residence (usual place of abode) Blackfoot, Idaho (If non-resident, give place and State)	didence (usual place of abode) Blackfoot, Idaho f non-resident, give place and State)
Rind of work done, as spinner, Plandel  sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  April 2, , 19.39 in this work 20 yrs.  27. What prophylactic was used to prevent Ophthalmia Neonatorum?  April 2, , 19.39 in this work 20 yrs.  28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead. 0. (c) Stillborn.  29. If stillborn and prevent ophthalmia neonatorum?  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was should make this return.  When there was no attending physician or midwife, then the father, householder, etc., should make this return.  Or Midwife (Signed)  Address Blackfoot, Idaho.	11. Color or raceWhite   12. Age at last birthday37(years)   20. Col   13. Birthplace (city or place)	thplace (city or place) Bear Lake Co., Idaho.
April 2, 1939 in this work 20 yrs. Present time, 19 in this work 20 yrs.  27. What prophylactic was used to prevent Ophthalmia Neonatorum?  28. Number of children of this mother 4 (At time of this birth and including this child)  (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2  29. If stillborn for weeks or weeks or weeks or weeks or weeks 10 cause of Stillbirth 10 period of gestation or weeks 11 period of gestation 12 period of gestation 12 period of gestation 13 period of gestation 15 period of gestation 16 period of gestation 17 period of gestation 17 period of gestation 17 period of gestation 18 period 18 period of gestation	14. Trade, profession, or particular kind of work done, as spinner, Plumber sawyer, bookkeeper, etc.	of work done, as housekeeper, Housewife
April 2, 1939 in this work 20 yrs. Present time, 19 in this work 20 yrs.  27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  28. Number of children of this mother 4 (At time of this birth and including this child)  (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2.  29. If stillborn During labor period of gestation or weeks or weeks  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was Stillborn or midwife, then the father, householder, etc., should make this return.  Midwife	H 5 H 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	work was done, as own home,
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  (Born Alive of Stiffborn)  (Signed)  (Signed)  Midwife	17. Total time (years) spent 5 25.	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  (Born Alive of Stiffborn)  (Signed)  (Signed)  Midwife	27. What prophylactic was used to prevent Ophthalmia Neonatorum?	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  (Born Alive of Stiffborn)  (Signed)  (Signed)  Midwife	28. Number of children of this mother 4 (At time of this birth and inc.  (a) Born alive and now living.	cluding this child)  2 (b) Born alive but now dead (c) Stillborn
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  (Born Alive of Stiffborn)  (Signed)  (Signed)  Or  Midwife	5 9 29. If stillborn/Indulent gers months or weeks 30. Ca	ise of Stillbirth Before labor.
or midwife, then the father, householder, etc., should make this return.  (Signed)  Or  Midwife	a i nereny certify that I attended the bittle of this chid. who was like and	lborn at 7:30A h. on the date above stated.
Give name added from a supplemental report (Date of)  Address Blackfoot, Idaho.	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	/ , (O. ) (W) (U.) , <b>M</b> . D.
(Date of)	Give name added from Address .	
Registrar. Registrar.	Registrar.	By I, 193 9 /m // alust 1 alus Registrar.



County of Blackfoot, Idaho  East Idaho Street.  East Idaho Melical Cereated from Idaho  East Idaho Street.  East Idaho Street.  East Idaho Street.  East Idaho Melical Cereated from Idaho  East Idaho Street.  East Idaho Melical Cereated from Idaho  East Idaho Street.  East Idaho Melical Cereated Idaho Melical Date of Injury  East Idaho Street.  East Idaho Melical East Idaho Melical Date of Injury  East Idaho Street.  East Idaho Melical East Idaho Melical Date of Injury  East Idaho Melical Cereated Inhouse Injury occurred in Industry.  East Idaho Melical East Id	1. PLACE OF DEATH	CERTIFICA	TE OF DEATH	Registered No		
City of Blackfoot, Idaho Street, 1911. Local Registrar's No. 27  East Idaho Street, 1911. Local Registrar's No. 27  Length of residence in County	County of Bingham	Registration	Dist. No. IZI	If death occurred in		
Length of residence in County Yrs. Mos. Days where death occurred where death occurred  Yrs. Mos. Days birth?  2. FULL NAME Allen Reroy Swainston, (STILLBORN)  PERSONAL AND SYATISTICAL PARTICULARS  (a) Residence: Blackfoot, Idaho.  FERMALES I Velow Rec. or Since Murried, Widowed or FEMALES III White Single  Minte Single  Minte Single  Minte Single  Minte Single  Minte Single  April I 2-nd, 1959  Month, day and year) April I 2-nd, 1959  Month, day and year) April I 2-nd, 1959  That swainston, or particular kind of work done  None  None  None  None  None  Sindustry or business in which work was done  None  None  None  Sindustry or business in which work was done  None  None  Sindustry or business in which work was done  None  None  Sindustry or business in which work was done  None  None  Sindustry or business in which work was done  None  None  Sindustry or business in which work was done  None  None  Sindustry or business in which work was done  None  None  Sindustry or business in which work was done  None  Sindustry or business in which wor	city of Blackfoot, Id	aho Primary Reg	. Dist. No. 1007	hospital or institution		
2. FULL NAME Allen Reroy Swainston, (STILLBORN)  (a) Residence: Blackfoot, Idaho.  PERSONAL AND STATISTICAL PARTICULARS  MALEY Self-white Black or Divorced (write the word)  Same Yelow, Red or Divorced (write the word)  Same Years Months Days Hiess than 1 day have have the control of the state of the principal cause of death and related deceased from April I 1:539, to April 2:159  That saw hill surveour Stillborn 1:50 Death is said the principal cause of death and related the principal cause of disportance in order of onset were the principal cause of death and related the principal cause	East Idaho Street. (Home, Hospital of In	Local Regist	rar's No. <b>6</b> 7	street and number.		
PERSONAL AND STATISTICAL PARTICULARS  MALE YES 4 White Black 5 Single Married, Widowed With the World Single Singl		Yrs. Mos. Days		Yrs. Mos. Days		
PERSONAL AND STATISTICAL PARTICULARS  MALE YES 4 White Black 5 Single Married, Widowed With the World Single Singl	I V I 177377	······································	LLBORN )			
PERSONAL AND STATISTICAL PARTICULARS  MALE YES 4 White Black 5 Single Married, Widowed With the World Single Singl	(a) Residence: Diacki Cou, Iudiic. (If non-resident give city or county and state)					
3. MALE YES 4 White, Black FEMALE Yellow, Red Husband of Yello	DEPSONAL AND STAT	ISTICAL PARTICULARS				
Third Single  5a. If married, widowed, or divorced Husband of (or) Wife of (or) Wif	3. MALE Yes   4. White, Black	.   5. Single, Married, Widowed.	21. DATE OF DEATH			
April I   1959 to April 2   1959 to April 2   1950 to April 2   1950 to April 2   1950 to April 2   1950 to April 3	FEMALE Yellow, Red	1				
1 last saw hill mive on Stillborn 4-2-59 6. Date of Birth (Month, day and year) April I 2-nd, I939 7. AGE				4mmil 9 %Q ≥		
5. Date of Birth (Month, day and year) April 2 2-nd, 1939  7. AGE						
(Month, day and year) April 2-nd, 1939  7. AGE Years Months Days If less than 1 day on the date stated above, at 42-39. The principal causes of death and related causes of timportance in order of onset were solidows:  8. Trade, profession, or particular kind of work done None  9. Industry or business in which work was done None  10. Date deceased last worked it. Total time (yrs.) spent in at this occupation (month at this occupation (month and year) 2  12. BIRTHPILACE (City or Town, County and State, or Country)  Blackfoot, Idaho  13. NAME Albert Lorenzo Swenson  14. BIRTHPILACE (City or Town, County and State, or Country)  Blackfoot, Idaho  15. MAIDEN NAME Mildred Jane Foster  16. BIRTHPILACE (City or Town, County and State, or Country)  Bear Lake Country, Idaho.  17. SIGNATURE OF MAINE (City or Town, County and State, or Country)  Bear Lake Country, Idaho.  18. BURIAL, CREMATION OR REMOVAL PERMIT ISSUED  OADY 2. 1939 by Man Malaurit at 15 Market Injury occurred in industry. home. public place.  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased: 22 Magho.  Date Office of Jacko.  Stillborn, (See remarks on reverse side)  Stillborn, (See	C Date of Bluth			Death is said		
7. AGE Years Months Days If less than 1 day min. O	(Month, day and year) Ap	ril <b>E</b> 2-nd, 1939	to have occurred on the date stated	above, at 4-2-39.7. m		
8. Trade, profession, or particular kind of work done None 9. Industry or business in which work was done None 10. Date deceased last worked at this occupation this occupation (month at this occupatio	Years Months	Days If less than 1 day	causes of importance in order of one	et were Date of Onset		
None None None None Stillborn, Undetermine  Stillborn,  (See remarks on reverse side)  Contributory causes of importance not related to principal causes Mother afflicted with Undulent fever 3 years ago  Where was disease first diagnosed? Bear Lake Co., Ida.  Is MADEN NAME Mildred Jane Foster Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho  Is MADEN NAME Mildred Jane Foster Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho.  Is MADEN NAME Mildred Jane Foster Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake County, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake Country, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake Country, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake Country, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake Country, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake Country, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake Country, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake Country, Idaho.  Is Birthplace (City or Town, County and State, or Country) Bear Lake Country (City or Town, Country and State, or Country) Bear Lake Country (City or Town, Country and State, or Country) Bear Lake Country (City or Town, Country and State, or Country) Bear Lake Country (City or Town, Country and State, or Country) Bear		111   111		utero   Ir.   Mo.   Day		
See remarks on reverse side   See remarks on reverse side	1	cular kind of work done	***************************************			
and year) \$	None	his work on a dans	Stillborn,	<u>Undetermined</u>		
and year) \$	9. Industry or business in w	men work was done	( See remarks on rev	verse side)		
and year) \$	10. Date deceased last worked	i 11. Total time (yrs.) spent in this occupation	***************************************			
12. BIRTHPLACE (City or Town, County and State, or Country)  Blackfoot, Idaho  13. NAME Albert Lorenzo Swenson  14. BIRTHPLACE (City or Town, County and State, or Country)  Blackfoot, Idaho Whitney, Idaho  15. MAIDEN NAME Mildred Jane Foster  16. BIRTHPLACE (City or Town, County and State, or Country)  Bear Lake County, Idaho.  17. SIGNATURE OF Market Country, Idaho.  18. BURIAL CREMATION OR REMOVAL Place Blackfoot, Idaho Date April 2,9 39  19. UNDERTAKER Albert Lorenzo Swenson  (Address) Blackfoot, Idaho  Date April 2,9 39  OADR. 2, 1932 by Market Mallar and Signature of injury  SIGNED) Blackfoot Idaho  Date April 2,9 39  Date Apri	~1		Contributory causes of importance n			
Blackfoot, Idaho  13. NAME Albert Lorenzo Swenson  14. BIRTHPLACE (City or Town, County and State, or Country)  Blackfoot, Idaho Whitney, Idaho  15. MAIDEN NAME Mildred Jane Foster  16. BIRTHPLACE (City or Town, County and State, or Country)  Bear Lake County, Idaho.  17. SIGNATURE OF ALAKE (City or Town, County and State, or Country)  (Address) Blackfoot, Idaho.  18. BURIAL CREMATION OR REMOVAL Place Blackfoot, Idaho  19. UNDERTAKER Albert Lorenzo Swenson  (Address) Blackfoot, Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  OADR. 2. 1939 by Management and Signature of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased? 120 If so, specify  Man D. Dackfoot, Idaho  M. D.			related to principal causes			
Blackfoot, Idaho  Blackfoot, Idaho  Signature of Mander Memoral  (Address)  Blackfoot, Idaho  Blackfoot, Idaho  Date April 219  Date Blackfoot, Idaho  Blackfoot, Idaho  Date April 219  Blackfoot, Idaho  Date April 219  Blackfoot, Idaho  Date April 219  Signature of injury  Check whether injury occurred in industry home. public place.  Manner of injury  Name of operation None date of Condition for which performed  Condition for whi				1 1 1 5		
Blackfoot, Idaho  Blackfoot, Idaho  Signature of Mander Memoral  (Address)  Blackfoot, Idaho  Blackfoot, Idaho  Date April 219  Date Blackfoot, Idaho  Blackfoot, Idaho  Date April 219  Blackfoot, Idaho  Date April 219  Blackfoot, Idaho  Date April 219  Signature of injury  Check whether injury occurred in industry home. public place.  Manner of injury  Nature of injury	13. NAME Albert Lore	nzo Swenson		Bear Take Co. Ida.		
Blackfoot, -Ideko Whitney, Idaho  15. MAIDEN NAME Mildred Jane Foster  16. BIRTHPLACE (City or Town, County and State, or Country) Bear Lake County, Idaho.  17. SIGNATURE OF INFORMANT OF INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place Blackfoot, Idaho Date April 2,9 39  19. UNDERTAKER Albert Lorenzo Swenson (Address)  19. UNDERTAKER Albert Lorenzo Swenson  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  21. Was disease or injury in any way related to occupation of deceased?  22. URBERTAKER Albert Lorenzo Swenson  23. If death was due to external causes, fili in also the following:  24. Was disease or injury in any way related to occupation of deceased?  25. Diseas Condition for which performed injury in any way related to occupation of deceased?  26. Diseas Condition for which performed injury in any way related to occupation of deceased?  26. Diseas Co	14. BIRTHPLACE (City or To	wn, County and State, or Country)	I			
15. MAIDEN NAME Mildred Jane Foster  16. BIRTHPLACE (City or Town, County and State, or Country)  Bear Lake County, Idaho.  17. SIGNATURE OF INFORMANT SIGNATURE OF INFORMANT (Address)  Blackfoot, Idaho.  18. BURIAL, CREMATION OR REMOVAL Place Blackfoot, Idaho  19. UNDERTAKER Albert Lorenzo Swenson  (Address)  Blackfoot, Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  OFAPT. 2. 193 9 by Malural al (Signed)  Place Signature of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  Plackfoot, Idaho  19. UNDERTAKER Albert Lorenzo Swenson  (Address)  Blackfoot, Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  Plackfoot, Idaho  19. UNDERTAKER Albert Lorenzo Swenson  (Address)  Blackfoot, Idaho  Date April 2 19 39  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  Plackfoot, Idaho  Date April 2 19 39  Nature of injury  Plackfoot, Idaho  Date April 2 19 39  Nature of injury  Plackfoot, Idaho  Date April 2 19 39  Nature of injury  Plackfoot, Idaho  Date April 2 19 39  Nature of injury  Plackfoot, Idaho  Date April 2 19 39  Nature of injury  Plackfoot, Idaho  Date Country  Nature of injury  Plackfoot, I	Blackfeot,-Idaho	Whitney, Idaho	1	production and the second seco		
23. If death was due to external causes, fill in also the following:  17. SIGNATURE OF SIGNATURE	15. MAIDEN NAME Mildr	ed Jane Foster		one		
17. SIGNATURE OF S	16. BIRTHPLACE (City or To	wn, County and State, or Country)				
(Specify city or town, county and state)  18. BURIAL, CREMATION OR REMOVAL  Place Blackfoot, Idaho  Date April 2 <sub>19</sub> 39  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  OrApr. 2, 193 9 by Malural al (Signed)  Plackfoot Idaho  Removal Permit issued  (Specify city or town, county and state)  Check whether injury occurred in industry home public place.  Manner of injury  Nature of injury  14. Was disease or injury in any way related to occupation of deceased?  (Signed)  Plackfoot Idaho  Removal Permit issued  Orapr. 2, 193 9 by Malural al (Signed)  Plackfoot Idaho  Removal Plackfoot Idaho  Removal Plackfoot Idaho  Plackfoot Idaho  Removal Pla	Bear Lake Count	y, Idaho.		uses, fill in also the following:		
(Specify city or town, county and state)  18. BURIAL, CREMATION OR REMOVAL  Place Blackfoot, Idaho  Date April 2 <sub>19</sub> 39  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  Blackfoot, Idaho  Check whether injury occurred in industry home public place  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  Plackfoot, Idaho  M. D.  Plackfoot, Idaho  Plackfoot, Idaho  Plackfoot, Idaho  OAPR-2, 1939 by Maluse all (Signed)  Plackfoot, Idaho  Removal public place  Nature of injury  19. UNDERTAKER  (Signed)  Plackfoot, Idaho  Removal permit issued  OAPR-2, 1939 by Maluse all (Signed)  Plackfoot, Idaho  Removal public place  Rem	17. SIGNATURE OF	Lounav durmato		e? Date of injury		
18. BURIAL, CREMATION OR REMOVAL Place Blackfoot, Idaho  Date April 2 19 39  19. UNDERTAKER Albert Lorenzo Swenson  (Address) Blackfoot, Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  On Apr. 2 193 9 by Modeline all all (Signed)  Respectively the or town, county and state)  Check whether injury occurred in industry home public place  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed) Plackfoot, Idaho  M. D.	D2 - al-6	ot. Idano.	19 Where did injury o	ccur?		
Place Blackfoot, Idaho  Date April 219 39  Manner of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  Manner of injury  Nature of injury  19. UNDERTAKER Albert Lorenzo Swenson  (Address) Blackfoot, Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  OnApr. 2, 1939 by Maluself al (Signed)  Plackfoot, Idaho  Manner of injury  Nature of injury  Nature of injury  Plackfoot, Idaho  Nature of injury  Plackfoot, Idaho  Manner of injury  Nature of injury  Plackfoot, Idaho  Research  Manner of injury  Nature of injury  Plackfoot, Idaho  Research  Manner of injury  Nature of injury  Plackfoot, Idaho  Research  Manner of injury  Nature of injury  Plackfoot, Idaho  Research  Manner of injury  Plackfoot, Idaho  Research  Manner of injury  Plackfoot, Idaho  Nature of injury  Plackfoot, Idaho  Research  Manner of injury  Plackfoot, Idaho  Research  Manner of injury  Plackfoot, Idaho  Research  Nature of injury  Plackfoot, Idaho  Research  Research  Manner of injury  Plackfoot, Idaho  Research  Re		EMOVAL				
19. UNDERTAKER Albert Lorenzo Swenson (Address) Blackfoot, Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  OrApr. 2. 193 9 by Maluself al (Signed)  Plackfoot, Idaho  Mature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  Orapr. 2. 193 9 by Maluself al (Signed)  Plackfoot, Idaho  M. D.	Dlackfoot Tda	tho Date April 2 <sub>19</sub> 39		dustry nome public place		
24. Was disease or injury in any way related to occupation of deceased?  25. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  26. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  27. Plackfoot Idaho  M. D.	Albant T					
(Address) BISCRIOUT, Idano  deceased? If so, specify  and specify  on Apr. 2, 1939 by Monadural al (Signed)  Plackfoot Idaho  M. D.	19. UNDERTAKER					
on Apr. 2. 1939 by Mo Calus of al (Signed) Plackfoot Idaho.	(Address) Blac	kioot, laano				
Office Diagram 1995 Dy July Diagram 1995 Dia	20. FILED AND BURIAL OR RI	MOVAL PERMIT ISSUED	OK 6	O.4.		
Office and the second of the s		n. 11 0-66 -	(SIGNED)	VAMPIL		
	orApr. 2, 1939 by	MOVI alus To al	TO Disabtant ideh			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

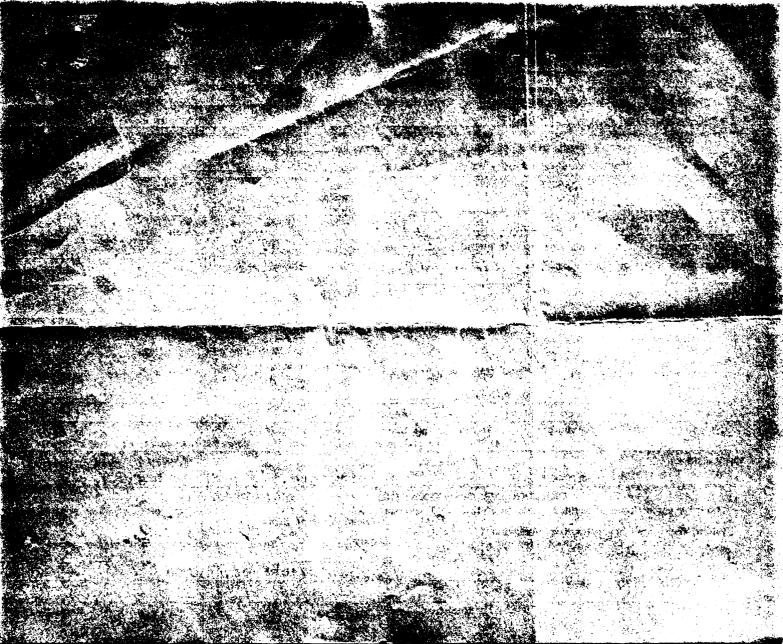
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE Two years ago Mother suffered during the sixth month.	FOR FURTH	TER STATEMENTS BY PHYSICIAN of Undulent fever and miscarried	1
	L 3.84	Sie M.	

PLACE OF BE TATE OF IDAHO County of Bingham DEPARTMENT OF PUBLIC WELFARE City of Pingree, Idaho BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 116 -In case of order of State File No. ... (If born in hospital or institution give name.) Prim. Registration District No. 2195 Local Registrar's No. 16 2. FULL NAME OF CHILD (Stillborn) Atwood 8.5 8. Date of zig birth April 22 3. Sex births female 5. Number, in order of birth..... Full term Yes A PERMANENT RECORD, each, and the number of ea mate? Ves (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden Ivan J. Atwood name Lenora Bovd 10. Residence (usual place of abode) (If non-resident, give place and State)... Pingree, Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Pingree. Idaho 20. Color or race W. | 21. Age at last birthday 42 (years) 13. Birthplace (city or place) Spanish Fork. Utah 22. Birthplace (city or place Hopkinsville, Kentucky (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer kind of work done, as spinner sawyer, bookkeeper, etc.

15. Industry or business in which work was done as silk mill. of work done, as housekeeper Housewife typist, nurse, clerk, etc. 24. Industry or business in which work was done, as silk mill. made work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. ..... 25. Date (month and year) 17. Total time (years) spent last engaged in this work PLAINLY WITH UNFADING INK-I at birth a Separate Return must be 26. Total time (years) spent last engaged in this work Present Present 19 39 in this work..... in this work .... Stillborn 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8. (b) Born alive but now dead 1. (c) Stillborn 3. 29. If stillborn, During labor No..... months period of restation full term but dead for sometime 30. Cause of Stillbirth ... or weeks Before labor Yes Influenza, (Mother) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stillborn at 9 m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) or midwife, then the father, householder, etc., should make this return. ...... Midwife WRITE Pone child Address Blackfoot, Give name added from Idaho a supplemental report..... (Date of) Filed May 2. 1939 M. C. Men Timos Registrar.

CONTRACTOR OF THE STATE OF THE



STATE OF IDAHO sould state PLACETOF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE OCCUP.A County of Kuna BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. City of Jacon Registration District No..... 1935 Primary Registration District No. 2195 RECORD. E Local Registar's No .... death cocurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence. No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., Af of foreign birth? yrs. mos. PERMANENT EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Diverced (write the word) 22. I HEREEY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced stated HUSBAND of (or) WIFE of ...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 4 If LESS than 7. AGE Years Months/ The principal cause of death and related causes of importance 1 day ..... hrs. Should were as follows: Date of one or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, AGE sawyer, bookkeeper, etc. ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 10. Date deceased last work- 11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this occupation ... (mo. and yr.) 12. BIRTHPLACE (city or town) .. (State or country) carefully Name of operation 13. NAME What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) very important. 23. If death was due to exter'l causes (violence) fill in also the 且 information should be following: 15. MAIDEN NAME Accident, suicide, or homicide? ...... Date of injury ....., 193.... Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in 17. INFORMANT Q. public place. (Address) Manner of injury..... 18. BURIAL, CREMATION OR BEMOVAL Nature of injury..... TION 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) Z Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

- 8.—The trade, profession, or paricular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

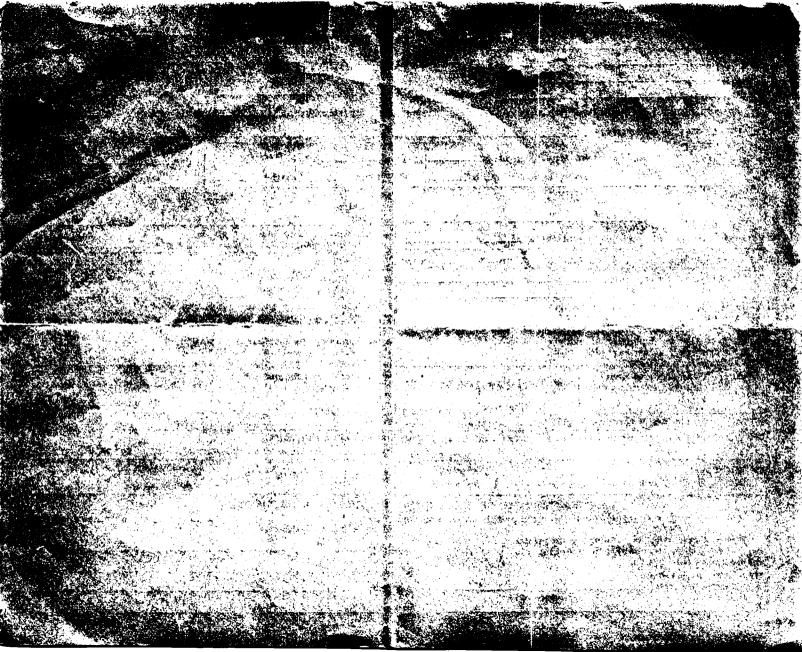
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart fallure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EVANDIE II

		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of	onset
Arteriosclerosis	1915	Attack of epilepsy	1 weel	k ago
Chronic interstitial nephritis	1921	Run over by street car	1 week	z ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 day	s ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 yes	ar ——
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN		
	•••••••			•••••
	,			
			·····	•••••

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PLACE OF BIRTH		OF TOAT	, nc
County of Connecelle	WHY 17 12;	9 DEPARTMENT OF PUBLIC	WELFARE
City of Idaho Darie	17 ls.	BUREAU OF VITAL ST	ATISTICS
City UI	T MAY 2	CERTIFICATE OF	BIRTH S 279567
No. January Dune	St. Posistration 1	District No	ate File No.
		_	
(If born in hospital or institution give nan	ne.) Prim. Registr	ation District No. 2/50 L	ocal Registrar's No.
2. FULL NAME OF CHILD		<u> </u>	**************************************
If plural (4. Twin, triplet	or other & P	remature 7. Legiti-	8. Date of 3 198 2
1 - 4 - 3			birth, 193,Z
(8. Number, in or	der of birth F	uli term mate? Yes	(Month, Day, Year)
9. Full FATHER	•	[18. Full MOT	HER
ariand devoe	Harel	name Breta Lav	and Hansen
10. Residence (usual place of abode)	Jana dacho-		
(If non-resident, give place and State)		(If non-resident, give place	and State)
11. Color or race. 11. Age at las	t birthday. (years)	20. Color or race	Age at last birthday. 元元(years)
13. Birthplace (city or place)	Inche.	22. Birthplace (city or place)	an Inlo
(State or Country)		(State or Country)	· .
14. Trade, profession, or particular	,	23. Trade, profession, or partic	cular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.	med	of work done, as houseke Uppist, nurse, clerk, etc	eper, Dansinge
E 15. Industry or business in which		24. Industry or business in w	hich
work was done, as silk mill, au sawmill, bank, etc.	n 1	work was done, as own hon	
· 5 ·	U	lawyer's office, silk mill, et 25. Date (month and year)	C
last engaged in this work 17. Total	d time (years) spent	last engaged in this work	26. Total time (years) spent
	his work Life	1939	in this work
27. What prophylactic was used to preven		<u>"                                    </u>	
28. Number of children of this mother	<del></del>	and including this child)	. •
		living	w dead // (c) Stillborn /
	months	Pleants 1	Before labor
29. If stillborn, 51/2 6	or weeks	130. Cause of Stillbirth	During labor 2505
			During labor
I hereby certify that I attended the birth	ATE OF ATTENDING	PHYSICIAN OR MIDWIFE	9-m on the data above stated
I hereby beruif that I attended the birth	i or this child, who was	(Born Alive or Stillborn)	m. on the date above stated.
When there was no attending physici	an ) (gr	gned)	201 -1/ ND
or midwife, then the father, householder, e should make this return.	<b>5c.</b> , }		, <b>M</b> . D.
Give name added from		X	, Midwife
a supplemental report	Ad	dress Lent Baus,	Idaha
(Date o	f) 1741	ed maye 193 9 (	Just
	Registrar.		Registrar.
	<u>-</u>	•	-1



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE information instruc-BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No .... Primary Registration District No. 21 17 Local Registrar's No..... important. (If death occurred in a hospital or institution, give its name instead of street and number) Stillbuit > 2. FULL NAME. (a) Residence No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year)/7, 1939 owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-7. AGE Years Months Days 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawver, bookkeeper, etc..... UNFADING INK-THIS 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation .... (mo. and vr.) ..... 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ..... Was there an autopsy?..... 14. BIRTHPLACE (city or town) 2 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury..... 15. MAIDEN NAME 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT Mro. in public place..... (Address) Manner of injury..... 18. BURIAL CREMATION OR REMOVAL Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?.... (Address) (Signed) .... (Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

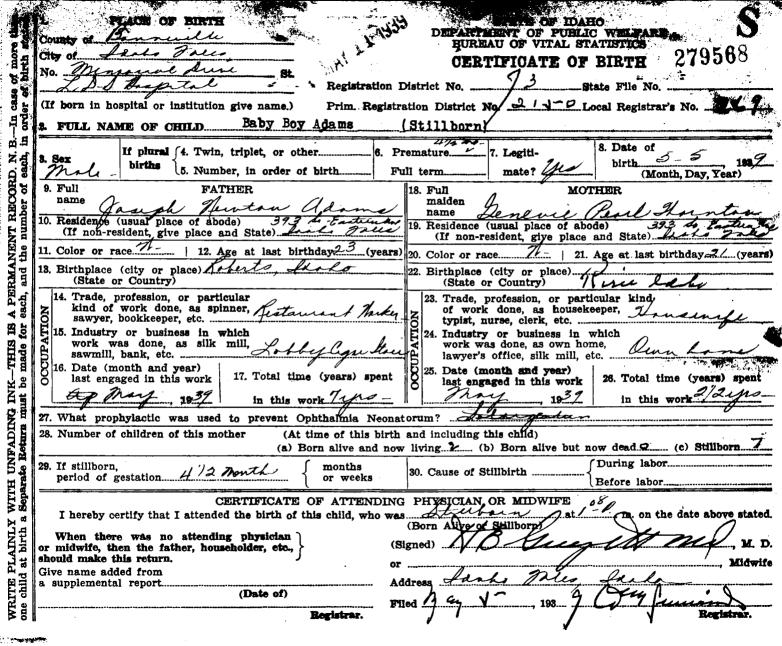
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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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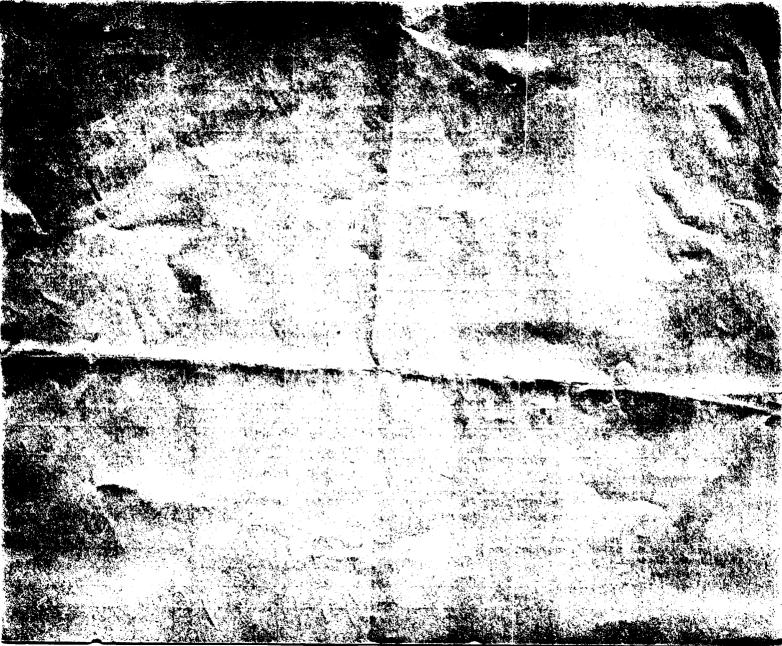
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	





PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Panner DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS City of Leads 1 CERTIFICATE OF DEATH State File No..... Primary Registration District No. 21100 Local Registrar's No..... important. CAUSE (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence No. St. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. RECORD. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year 193 owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) PERMANENT 5a. If married, widowed, or divorced 5 193 2 to. HUSBAND of I last saw here alive of flesh 193 2: death is said (or) WIFE of to have occurred on the date stated above, at 1085 m. 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-7. AGE Years Months Days 1 day .. O hrs. portange were as follows: 0 Date of onset 0 or ..... O min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... UNFADING INK-THIS 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: ed at this occupation spent in this (mo, and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) (State or country) Name of operation...... Date of...... What test confirmed diagnosis?..... Was there an autopsy?..... 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury...... 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT Sessel in public place..... (Address) Land House Manner of injury..... 18. BURIAL, CREMATION OR REMOVAL Nature of injury..... 24 Was disease or injury in any way related to occupation of deceased?.... (Address) (Signed) . (Address Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

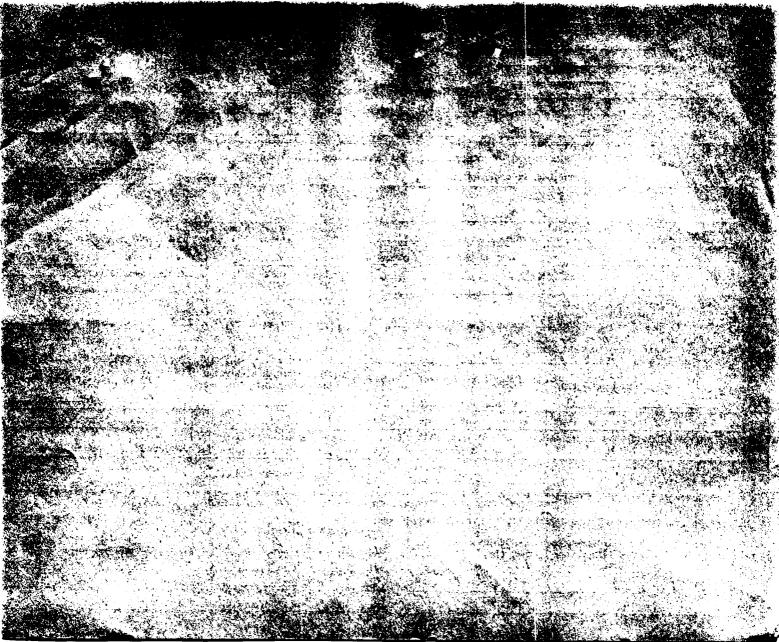
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EXAMPLE I The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis		related causes of importance were as follows:	Date of onset
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

ELECTRON CONTRACTOR OF THE PROPERTY OF THE PRO STATE OF TOARS PEACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 3279569 State File No. . Registration District No. -2 NG. Local Registrar's No. 34-24 (If born in hospital or institution give name.) Prim. Registration District No. ... 2. FULL NAME OF CHILD 8. Date of 7. Legiti-If plural (4. Twin, triplet, or other..... 6. Premature. birth A hirths Full term. mate? 5. Number, in order of birth... (Month, Day, Year) 9. Full FATHER 18. Full MOTHER maiden name Zmil Draile name\_ 10. Residence (usual place of abode)
(If non-resident, give place and 19. Residence (usual place of abode) (If non-resident, give place and State) 20. Color or race Ash | 210 Age at last birthday (years 11. Color or race his 12. Age at last birthday. 13. Birthplace (city or place) Intchuson 22. Birthplace (city or place) (State or Country) (State or Country) M. Darlar 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc. ... sawyer, bookkeeper, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill work was done, as own home, made lawyer's office, silk mill, etc. . sawmill, bank, etc. \_\_\_ 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work WITH UNFADING INK-Separate Return must be in this work.... in this work.... 19.47. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead.......... (c) Stillborn. months Before labor..... 29. If stillborn. 30. Cause of stillbirth.... or weeks period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 3 C. m, on the date above stated. I hereby certify that I attended the birth of this child, who was. (Born Alive or Still took) When there was no attending physician (Signed) \_\_ or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from Address \_\_\_ a supplemental report..... chil RITE (Date of) 1939 Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH STATE OF II	DATO
DEDARMENT OF DIVE	DE TOU SECOND TO A DESCRIPTION
County of BUREAU OF VITAL	
City of Sonners of CERTIFICATE C	OF DEATH State File No.
Registration District No	
	Lever Hacestar
MAY 9 (No. (No. (No. (If death occurred in a hospital or institution,	(a) we its name instead of street and number)
2. FULL NAME Baby Deal	
2, 1 Old 11/11/11/11/11/11/11/11/11/11/11/11/11/	
(a) Residence No	(If nonresident give city or town and state)
Length of residence in city or town where death occurred.	yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds
PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
3. SEX 4. Color or Race 5. Single, Married, Wid- owed or Divorced (write	21. DATE OF DEATH (month, pay and year) 193
the word)	22 I HEREBY CERTIFY, That I attended deceased from
oa. If married, widowed, or divorced	193, to
HUSBAND of (or) WIFE of	I last saw h alive on 193: death is said
6. DATE OF BIRTH (month, day, and year) 13-19	.
ACE Veers   Months   Days   If LESS than	The principal cause of death and related causes of im
1 day hrs.	portance were as follows:
Still or or min.	Hillow
8. Trade, profession, or particular kind of work done, as spinner,	
sawyer, bookkeeper, etc	rematur deposition of the
9. Industry or business in which	10 4
	Olacente
2 10. Date deceased last work- 11. Total time (years)	Other contributory causes of importance:
o ed at this occupation spent in this	
(mo. and yr.) occupation	
12. BIRTHPLACE (city or town)	<del></del>
(State or country)	Name of operation Date of Date
13. NAME Frank drake	What test confirmed diagnosis? Was there a
	autopsy?
13. NAME Frank drake  14. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in als
	the following: Accident, suicide, or homicide? Date of injury
15. MAIDEN NAME and Mala	193
	Where did injury occur?
15. MAIDEN NAME  16. BIRTHPLACE (city on town)  (State or, country)	(Specify city or town, county, and state)
0 10 10	Specify whether injury occurred in industry, in home,
17. INFORMANT	in public place
(Address) 2 18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Boliane of Comp Date 1 198 9	Nature of injury
2/10/	24 Was disease or injury in any way related to occupation
19. UNDERTAKER (Address)	of deceased so, specify
result of the state of the state of a	
20. FILED 4-13 , 1989 R. M. Dongol	(Signed) (N. D.

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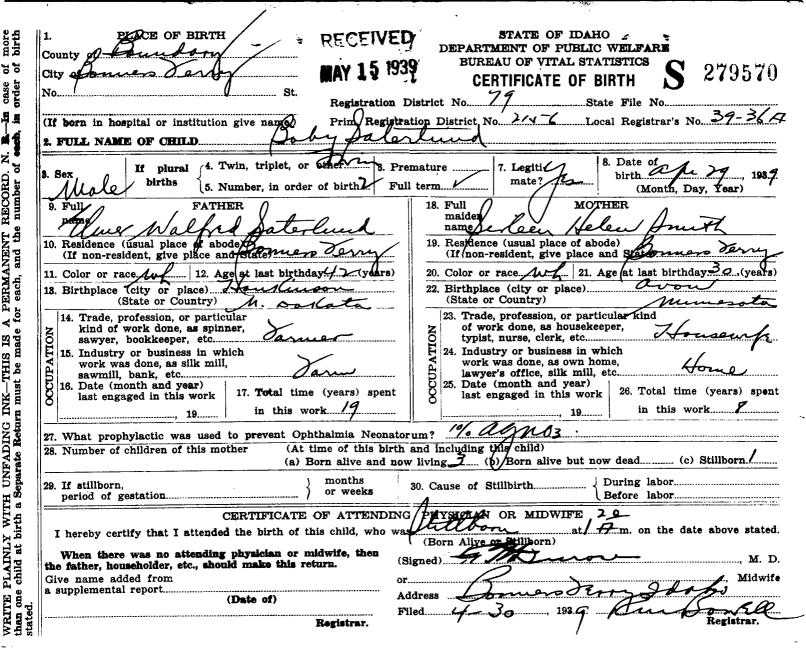
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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

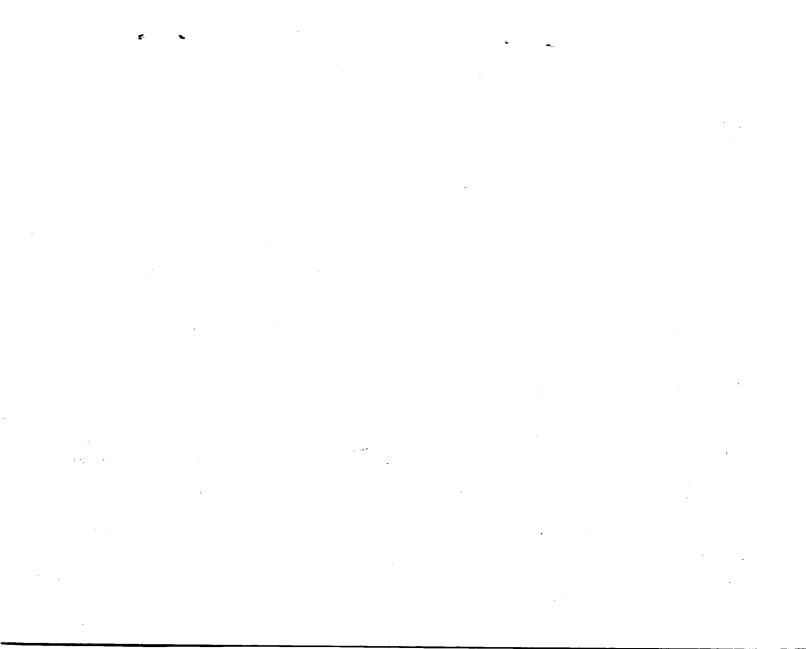
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1
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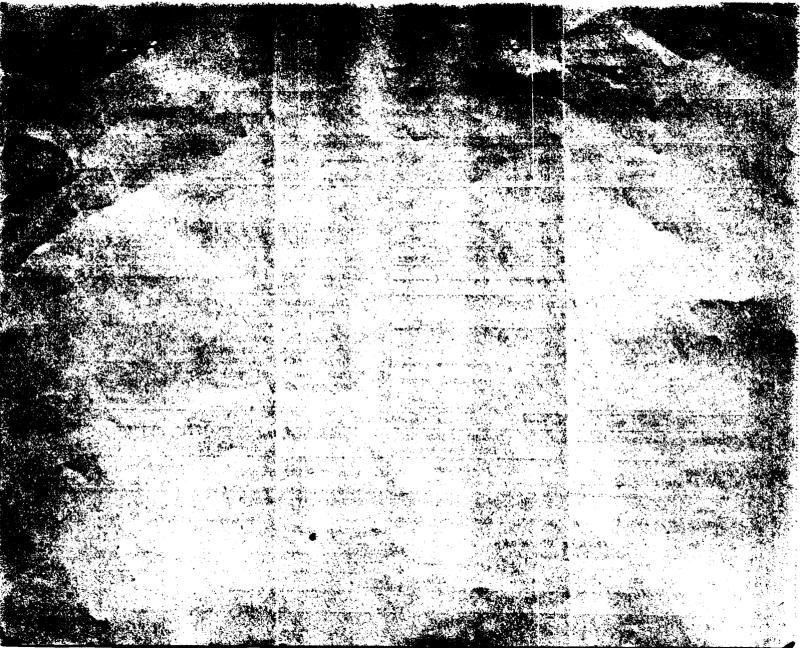
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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name parlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 vear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN ....

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PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Cassia information See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS · City of Burley **CERTIFICATE OF DEATH** Primary Registration District No. 219 6 Local Registrar's No..... Every item of important (No Cottage Hospite] (In death occurred in a hospital or institution, give its name instead of street and number) 2 FULL NAME Barbara Burnside (a) Residence No. La Lioyne Hotel 138 E. Liain st. Burley Idaho OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERMANENT RECORD. plnoqs MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year) 4\_113939 owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word)Infant Female White 4-71, 1938, to 4-16, 1939. 5a. If married, widowed, or divorced HUSBAND of ~ I last saw h \_\_\_ alive on \_\_\_\_ 193 \_\_\_ death is said (or) WIFE of to have occurred on the date stated above, at \_\_\_\_\_ m. ö 6. DATE OF BIRTH (month, day, and year)4-17-1939 If LESS than The principal cause of death and related causes of im-Months 7. AGE 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, UNFADING INK-THIS IS sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: be properly classified. spent in this ed at this occupation (mo. and yr.) occupation .... 12. BIRTHPLACE (city or town) Burley AGE should (State or country) Idaho Name of operation...... Date of..... What test confirmed diagnosis?..... Was there an Robert Burnside 13. NAME autopsy?.... 14. BIRTHPLACE (city or town) At. Pleasant 23. If death was due to exter'l causes (violence) fill in also (State or country) Utah the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME Anna Jensen 16. BIRTHPLACE (city or town) Preston Where did injury occur?.... (Specify city or town, county, and state) (State or country) Idaho Specify whether injury occurred in industry, in home, or 17. INFORMANT Robert Burnside in public place..... (Address) 38 E. Main Burley Ida. Manner of injury.... 18. BURIAL, STATE OR REMOVAL Place Preston, Ida Date April, 13 1939 Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER 2 of deceased? (Signed)\_ (Address

D. L. M. Kelley

# UNITÉD STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

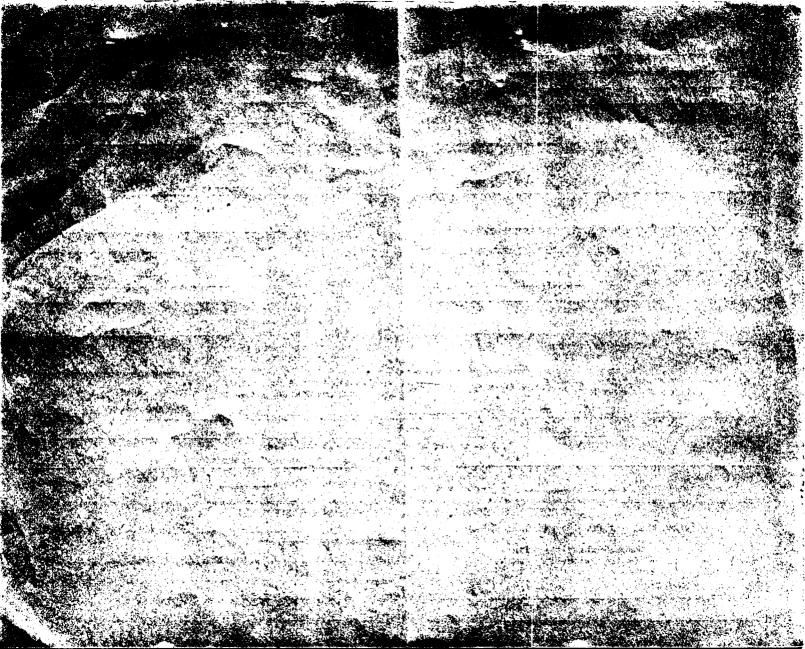
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EXAMPLE I  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis	Date of onset	EXAMPLE II  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy	Date of or	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 yea	<u>r</u>
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

RECEIVED PLACE OF BIRTH MAY 9 1939 BUREAU OF PUBLIC WELFARE County of Canuaus City of Cald we birth CERTIFICATE OF BIRTH Mezuaria Registration District No. . State File No. . (If born in hospital or institution give name.) - Prim. Registration District No. 100 \_\_Local Registrar's No. 2. FULL NAME OF CHILD. 8. Date of If plural (4. Twin, triplet, or other 6. Premature 17. Legitibirths birth Haxi 94 5. Number, in order of birth Full term 4/8 1 1 E rua 1 E mate? (Month, Day, Year 9. Full FATHER 18. Full MOTHER name maiden Z 121185 name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident give place and State) to who (If non-resident, give place and State) 11. Color or race Wh. | 12. Age at last birthday 43 (years) 20. Color or race 21. Age at last birthday 32 (years) 13. Birthplace (city or place) 7100 Nov kata 22. Birthplace (city or place)... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work resent 1939 in this work of you in this work 27. What prophylactic was used to prevent Ophthamia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 2... (b) Born alive but now dead...... (c) Stillborn 3 Before la Marin Tron 29. If stillborn. months period of gestation TEVTU 30. Cause of stillbirth... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillbor W at 10 Pm, on the date above stated. (Born Alive Or Stillhorn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address Calduck a supplemental report... (Date of) mindsom Rogistrar



USTATE OF IDAHO — DIV	VISION OF PUBLIC HEALTH 114165
1. PLACE OF DEATH	—— - — — - — Pagletares No.
County of Registration I	Dist No. / If death occurred in
	S/ /) <1.5/ I nospital or institution (
City of Frimary Reg.	ar's No
	How long in U. S. If of foreign Yrs. Mos. Days
Length of residence in County where death occurred	birth?
and The Det	
2. FULL NAME	
(a) Residence:	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, FEMALE Yellow, Red or Divorced (write the word)	21. DATE OF DEATH (month, day and year)
1 W.	22. I HEREBY CERTIFY, That I attended deceased from
5a 1 married, widowed, or divorced Husband of	19
(or) Wife of	I last saw h_ alive on
6. Date of Birth (Month, day and year) afril 24-39	to have occurred on the date stated above, at
Years   Months   Days   If less than 1 day	causes of importance in order of onset were
7. AGE hrs min	as follows:
8. Trade, profession, or particular kind of work done	1) cott due to home thrillie
9. Industry or business in which work was done	I have the state of the
T T T T T T T T T T T T T T T T T T T	Anthe:
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation)	
and year)	Contributory causes of importance not
12. BIRTHPLACE (City or Town, County and State, or Country)	related to principal causes
Caldwell Idans.	
5 13. NAME Slever & Talle.	Where was disease first diagnosed? Honetel
14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation date of
Hooken of Dake	Condition for which performed
15. MAIDEN NAME Leona Reginal	What test confirmed diagnosis?
15. MAIDEN NAME JEONA (TOURIS) 16. BIRTHPLACE (City or Town, County and State for Country)	Was there an autopsy? Me Was there an inquest? Accom
Jowal	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF SOLLA A STA	(Check) Accident—Suicide—Homicide? Date of injury
INFORMANT PARTY OF AREA	
18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public place
Place Parma Date 7-25 19079	Manner of injury
0.11 Peckham	Nature of injury
19. UNDERTAKER (Address)  Caldwell dake	24. Was disease or injury in any way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased? If so, specify
80. FILED RIVE BOILDED ON THE PROPERTY OF THE	GIGNED A. D. Sumason M.D.
on 1 198 9 by Somming	(SIGNED) Callwell The
(Date) Registrar	(Address)

Write Plainly vith Unfading Ink—This is a permanent record Read Explanations on back carefully

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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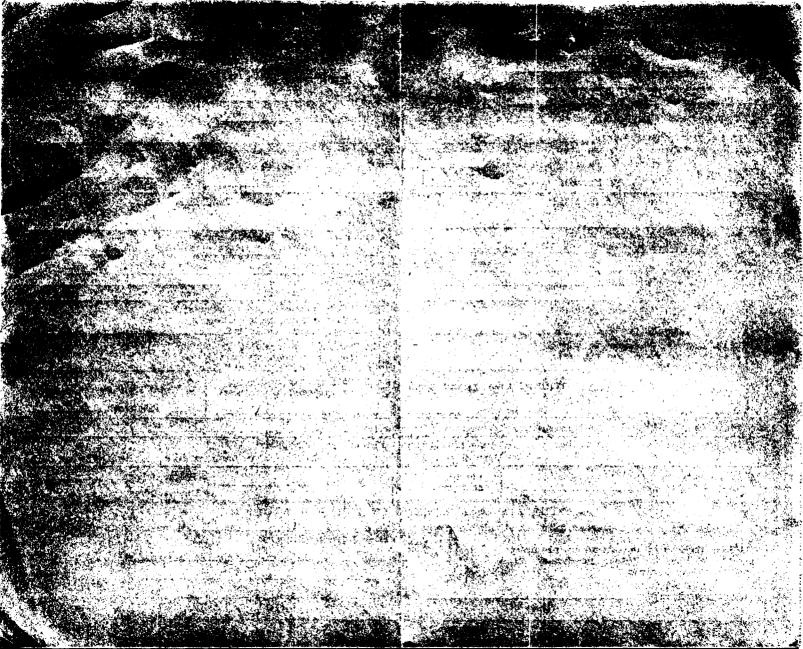
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			***************************************

OF BIRTH DEPARTMENT OF PUBLIC WELFARE STATE OF IDAHO County of BUREAU OF VITAL STATISTICS MAY 9 279574 birth CERTIFICATE OF BIRTH Registration District No. .....State File No. ..... Prim. Registration District No. 1003 (If born in hospital or institution give ...Local Registrar's No. 🗷 FULL NAME OF CHILD 8. Date of 7. Legiti-3. Sex 1 birth May hirtha 5. Number, in order of birth... Full term. mate? (Month, Day, Year) 9. Full 18. Full FATHER MOTHER name maiden name 10. Residence (usual Alace of abode) 19. Residence (psual place of abode) (If non-resident/give place and State) (If non-resident, give place and State) Tarme 11. Color or race | 12. Age at last birthday (years) 20. Color or race\_\_\_\_\_\_ (years) ğ 22. Birthplace (city or place). (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, ouse wit sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, made sawmill, bank, etc. lawyer's office, silk mill, etc. . 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work INK release in this work. 12. resent must in this work..... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillborn.I....... 29. If stillborn. months Before labor..... period of gestation 30. Cause of stillbirth or weeks During labor / (1/10) Q untured -erus CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was At I DOLA (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Give name added from Calde 000 a supplemental report..... Address chil (Date of) Registrar. Registrar.



permanent record

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Write Plainly with Unfading Ink

carefully

back

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Explanations

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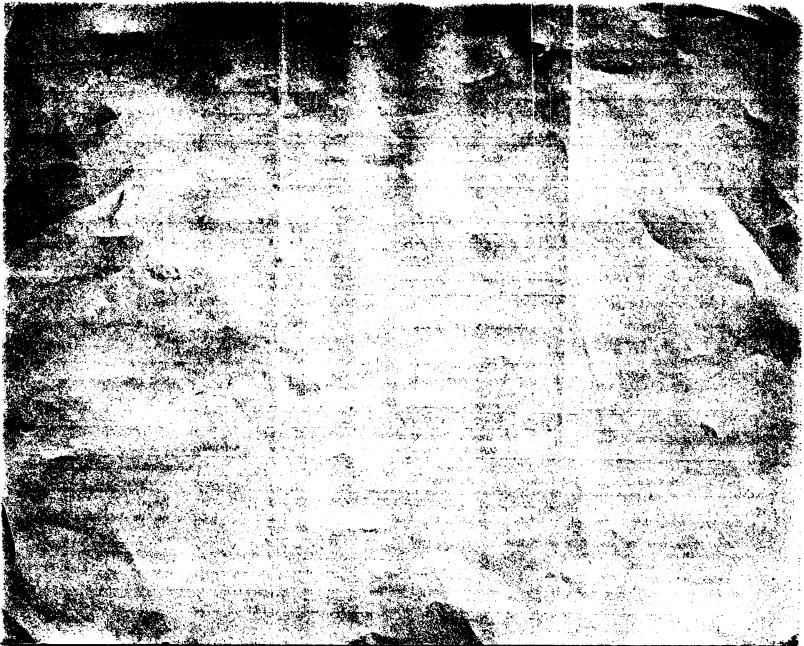
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			***************************************

" Calle STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of... of mor City of... CERTIFICATE OF BIRTH No. State File No. ... ristration District No. ..... Prim. Registration District No. 2/96 Local Registrar's No. 73 (If born in hospital or institution give name.) mc more 2. FULL NAME OF CHILD 묘 8. Date of 6. Premature 7. Legiti-If plural (4. Twin, triplet, or other..... birth 4-13 each, 3. Sex 77 births mate? Full term year 5. Number, in order of birth.... (Month, Day, Year) 18. Full MOTHER 9. Full FATHER name maiden number name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State)... 11. Color or race U. | 12. Age at last birthday 23 (years) 20. Color or race U. | 21. Age at last birthday. 13. Birthplace (city or place) Matt full City 22. Birthplace (city or place) (State or Country) (State or Country) A PE1 each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... a S 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, be made sawmill, bank, etc. ..... lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work NG INK-must be in this work....L. in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return mi (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living Q (b) Born alive but now dead (c) Stillborn (c) During labor ..... 30. Cause of Stillbirth Torcella months 29. If stillborn, period of gestation..... or weeks LelikayBefore labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ...at £27 m, on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Properties op Stillborn) ø WRITE PLAINLY one child at birth a When there was no attending physician (Signed) \_ or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report Address .... (Date of) 1939 Laura D. S Filed Registrar. Registrar.



	VISION OF PUBLIC HEALTH TE OF DEATH  Registered No. 11416
County of Registration I Cityof Primary Reg.  Local Registr	Dist. No. 2/9 if death occurred in hospital or institution give its name instead of ar's No. 3 \( \text{Q} \) if death occurred in hospital or institution give its name instead of street and number.
(Hone, Hospital of Institution)  Length of residence in County where death occurred  Days	How long in U. S. if of foreign Yrs. Mos. Days birth?
2. FULL NAME John Me Comba (a) Residence: Sufferior Sans	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE FEMALE 4. White, Black, Yellow, Red or Divorced (write the word)	21. DATE OF DEATH (month, day and year) —/3—/939  22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	4-13 1959 to 4-13 1939
Hushand of	See De la companya della companya de
(or) Wife of	I last saw half alive the Death is said
6. Date of Birth (Month, day and year)	to have occurred on the date stated above, atm.
Table then I dow	The principal cause of death and related   Date of Onset
7. AGE Years Months Days If less than I day	as follows:
8. Trade, profession, or particular kind of work done	Tall Brom Child 39 4 13
5 many	
9. Industry or business in which work was done	
10. Date deceased last worked at this occupation (month this occupation	
and year)	Contributory causes of importance not related to principal causes
12. BIRTHPLACE (City or Town, County and State, or Country)	related to principal causes
Burly, Cassea, Saak	freezes las
13. NAME Alton M Compa	Where was disease first diagnosed?
14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation date of the Condition for which performed Oct put to Condition for the Condition for
15. MAIDEN NAME Melog Quinogs	What test confirmed diagnosis?
16. BIRTHPLACE (City or Town, County and State, pr Country)	Was there an autopsy? Was there an inquest?
17. SIGNATURE OF	23. If death was due to external causes, fill in also the following: Check) Accident—Suicide—Homicide? Date of injury
INFORMANT COMPANY	V 19 Where did injury occur?
(Address)  18. BURIAL, OREMATION OR REMOVAL	(Specify city or town, county and state)  Check whether injury occurred in industry home public place
Place Despure Date (pr. /5 1939	Manner of injury
19. UNDERTAKER OF Jugal	Nature of injury
(Address)	deceased? If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	Olio A/ Jalum-
on 4 - 15 1939 by Laura & Spraches (Date) Registrar	(Address)
(Date) Registrar	(VACOUTON)

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To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
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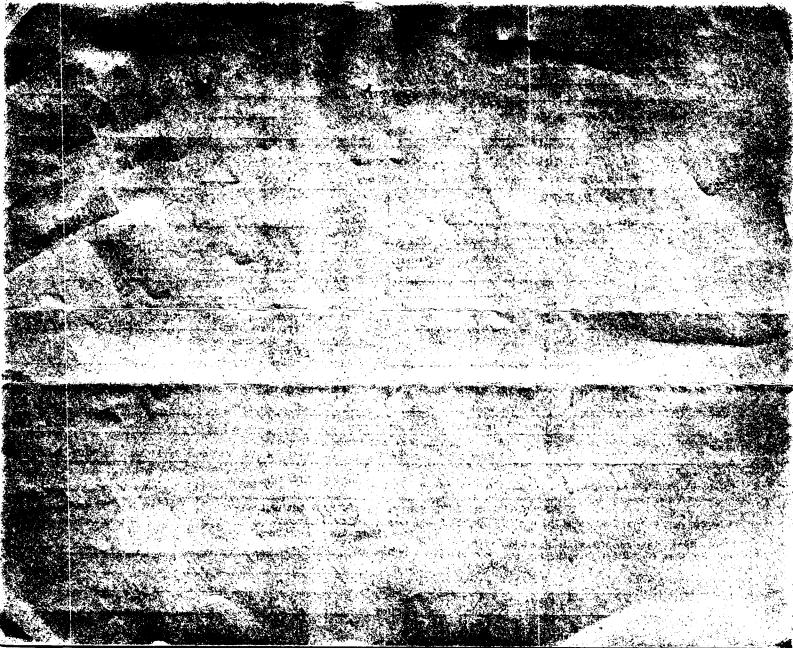
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN			

PLACE OF BIRTH STATE OF IDARO DEPARTMENT OF PUBLIC WHILE APR 11 1939 BUREAU OF VITAL STATISTIC County of... CERTIFICATE OF BIRTH No. 4 Registration District No. \_\_\_\_\_\_\_ State File No. \_\_\_\_\_ (If born in hospital or institution give name) 2. FULL NAME OF CHILD Patton STILLBORN 8. Date of If plural [4. Twin, triplet, or other June 6. Premature 7. Legitihirth. births Full term mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER. name maiden name 1 10, Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Lalouse (If non-resident, give place and State Talouse ? 11. Color or race 1. 12. Age at last birthday 26 (years) 20. Color or race 2. 1. Age at last birthday 33 (years) 13. Birthplace (city or place) Hrankeline Co Than 22. Birthplace (city or place)... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last)engaged in this work in this work 5 477 Jrede 19\_ I see al 19 in this work... UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... 28. Number of children of this mother (At time of this birth and including this child) During labor... 29. If stillborn. months period of gestation. 30. Cause of Stillbirth . or weeks Before labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE D. m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Midwife Give name added from Address ..... a supplemental report..... (Date of) H-1.0.... 193/ Filed ..... Registrar.



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PATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH Registration District No. .... 123 State File No. .... (If born in hospital or institution give name.) Prim. Registration District No. 220/ 2. FULL NAME OF CHILD. 8. Date of births mate? Yest 5. Number, in order of birth Full term..... (Month, Day, Year) 9. Full MOTHER 18. Full name Thakins maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)...... (If non-resident, give place and State) 11. Color or race White | 12. Age at last birthday 4 & (years) 20. Color or race White | 21. Age at last birthday & 4 (years) 13. Birthplace (city or place) West Weginia (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc. of work done, as housekeeper, typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. ...... lawyer's office, silk mill, etc. .. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work Throp MOW- May 103 MOW-May 1939 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Turnatay (During labor .... 29. If stillborn. months 30. Cause of Stillbirth Society period of gestation 87 WITH Separa dlacuta Before labor Musich CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 5:302 m. on the date above stated. I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) When there was no attending physician ? or midwife, then the father, householder, etc., should make this return. ...... Midwife Give name added from a supplemental report..... (Date of) Registrar.



PLACE OF STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE information DO NOT WRITE IN THIS SPACE See instruc-County of BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No... Registration District No..... Primary Registration District No. 2201 Local Registrar's No. ö OCCUPATION is very important. (If death powered in a hospital institution, give its name instead of street and number) 2. FÜLL NAME (a) Residence No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH. 4.24 PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-21. DATE OF DEATH (month, day and year, 2,1939 4. Color or Race 3. SEX owed or Divorced (write the word) Single 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of I last saw h...... alive on.................................. 193.....: death is said (or) WIFE of to have occurred on the date stated above, at..... m. 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-Months Days 7. AGE Years 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc. 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation .... (mo, and yr.) ..... (State or country) be properly Name of operation Date of Date What test confirmed diagnosis?..... Was there an 13. NAME autopsy?..... 23. If death was due to exter'l causes (violence) fill in also 14. BIRTHPLACE (city or town)..... (State or country) the following: Accident, suicide, or homicide? ..... Date of injury..... 15. MAIDEN NAME A 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town) Payette (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address) Manner of injury.... 18. BURIAL, CREMATION Nature of injury..... 24 Was disease or injury in any way related to occupation of deceased?... .....If so, specify ż

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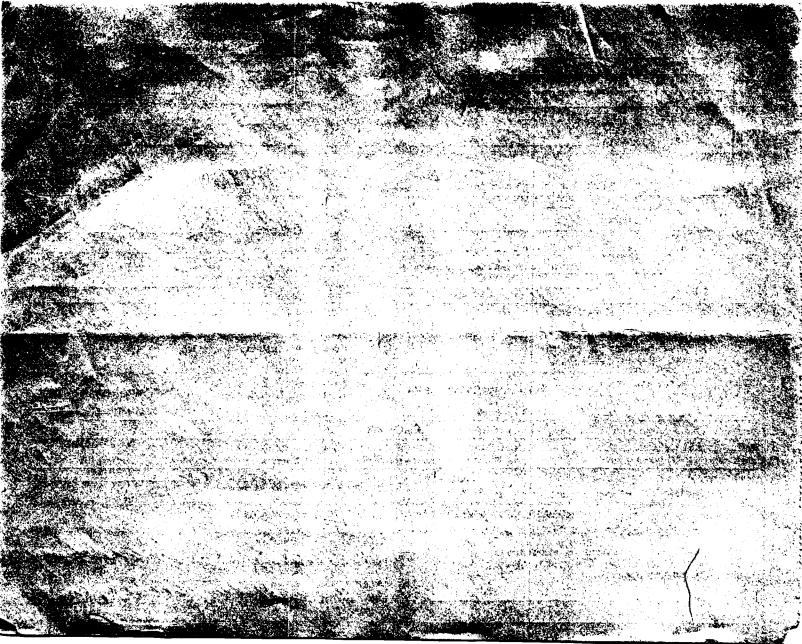
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		STATISMENTS DI TITISICIAN			
			••••		

STATE OF IDAHO
BUREAU OF PUBLIC WELFARE
CERTIFICA
CERTIFICA County of.... City of... No. Registration District No. ..... .....State File No. . Prim. Registration District No. 2085 Local Registrar's No. 128 (If born in hospital or institution give, name,) 2. FULL NAME OF CHILD... 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_\_ 7. Legitibirth. births 5. Number, in order of birth..... Full term... mate? Month, Day, Year 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) .... (If non-resident, give place and State)..... 11. Color or race.... | 12. Age at last birthday ...(years) 20. Color or race. 21. Age at last birthday. 1. 22. Birthplace (city or place) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper. kind of work done, as spinner, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. ..... lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work. in this work. 27. What prophylactic was used to prevent Ophthalmia Nonatorum? 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. months Potoro labor 30. Cause of stillbirth..... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_\_\_\_\_at//\_30 fm. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar



1-PLACE OF DEATH	OIVISION OF PUBLIC HEALTH ATE OF DEATH  Registered No	70
Suburban Maternia Home Local Regis	n Dist. No. 2085 g. Dist. No. 2085 strar's No. 90	institution instead of
where death occurred	birth?	Days
2. FULL NAME Baby Victor Paul Ehler (a) Residence: R.F.D. 1 - Twin Falls	Tdaho	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. MALE 4. White, Black, 5. Single, Married, Widowed	d, 21. DATE OF DEATH	
FEMALE Yellow, Red or Divorced (write the word	(month, day and year) AUT-II II I I I I I I I I I I I I I I I I	
Male White Single	22. I HEREBY CERTIFY, That I attended deceased for	7 G
5a. If married, widowed, or divorced Husband of	Mr. 17 19 39, to Apr 17	19
(or) Wife of	I last saw h alive on 19 D	eath is said
6. Date of Birth (Month, day and year) April 17, 1939	to have occurred on the date stated above, at	30 P m
		of Onset
7. AGE   Years   Months   Days   If less than 1 day	causes of importance in order of onset were   Yr.	Mo.   Day
		1 1
8. Trade, profession, or particular kind of work done	Till box	
Infant Infant		
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation)		
	intocia - should	
10. Date deceased last worked 11. Total time (yrs.) spent this occupation	in the att of testate desired	
-   -	Contributory causes of importance not	
and year)	related to principal causes	
12. BIRTHPLACE (City or Town, County and State, or Country	Ja and around nick	
Twin Falls, Idaho	- Charlet	1 1
A constant of the Table 1		
13. NAME Otto Ehlers	Where was disease first diagnosed?	
14. BIRTHPLACE (City or Town, County and State, or Country	Name of operation date of	
Stover Nebraska	Condition for which performed	
15. MAIDEN NAME Hattie Ludwig	What test confirmed diagnosis?	
15. MAIDEN NAME Hattle Ludwig 16. BIRTHPLACE (City or Town, County and State, or Country		t?
Hastings Nebraska		
	(Check) Accident—Suicide—Homicide? Date of injury	e tonowing.
17. SIGNATURE OF The Third		
(Address) Twin Falls, Ida R.F.D. 1	(Specify city or town, county as	nd state)
18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home pu	
Picy in Falls Cometony para A- 1919 ?	Manner of injury	
TIBO MANUEL AND	Nature of injury	
19. UNDERTAKER	24. Was disease or injury in any way related to oc	cupation of
(Address) 'Win Falls Idaho	deceased the Mr. If so, specify	
		1
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	(SIGNED) Tald B. Fuendele	
A LANGE WALLING OF BURNEY	(0.0.0.0.0.)	<u>ид м</u> . D.
on 1 198 by 17 V WAY A CONTRACT	(Address) 228 Main and S	4
(Pate) negatrat	Tur	an Inle

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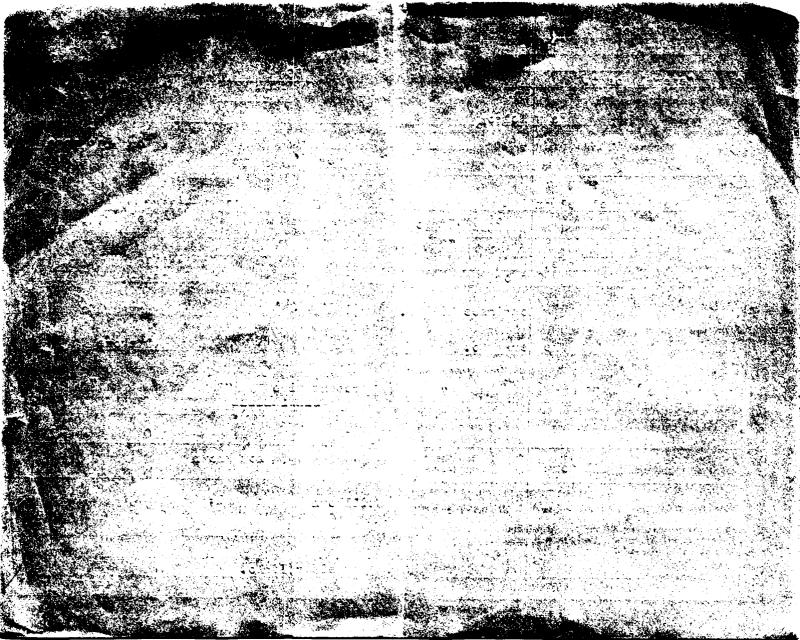
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PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Washington BUREAU OF VITAL STATISTICS of more birth st CERTIFICATE OF BIRTH 3279580 City of Woiser. No. . 86 \_\_\_\_State File No. ..... Weiser General Hospt Registration District No. ... Prim. Registration District No. 1010 Local Registrar's No. 45 (If born in hospital or institution give name.) Baby Nelson 2. FULL NAME OF CHILD..... PERMANENT RECORD. N. B.-ch, and the number of each, in 8. Date of birth Apr. 19.1954 7. Legiti-3. Sex births Full term Yes mate? Yes 5. Number, in order of birth..... (Month, Day, Year) MOTHER 9. Full FATHER 18. Full maiden name Elwood Bartel Nelson name Jennie Cecil Shurtliff 10. Residence (usual place of abode) Weiser, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State)..... 22. Birthplace (city or place) Louisville 13. Birthplace (city or place) Vale, (State or Country) Oregon (State or Country) Ideha. A PEI each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, Consignee Oil Co. of work done, as housekeeper, Housewife typist, nurse, clerk, etc. ..... 24. Industry or business in which 15. Industry or business in which ust be made f work was done, as own home, work was done, as silk mill The Texas Co. Ownhome lawyer's office, silk mill, etc. ..... sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work 72 present time 19 59 must present time 19 39 in this work......7 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING te Return mi (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living...... (b) Born alive but now dead....... (c) Stillborn 1...... Before labor..... 30. Cause of Stillbirth not known WITH UN Separate 1 months 29. If stillborn. period of gestation full term or weeks Uuring labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn at 1:40P m. on the date above stated.

(Born Alive - Stillborn) PLAINLY V When there was no attending physician (Signed) or midwife, then the father, householder, etc., \ should make this return. Give name added from Weiser, Idaho. a supplemental report..... (Date of) 2 198 9 Marie Haulton Registrar. Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE information See instrue-DO NOT WRITE IN THIS SPACE County of BUREAU OF VITAL STATISTICS~ City of... CERTIFICATE OF DEATH State File No .... Registration District No. Brimary Registration District No. Local Registrar's No .. ö is very important. Every item occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. RECORD. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) 4-15-193 9 owed or Divorced (write 22, I HEREBY CERTIFY That I attended deceased from the word) Aug 4 -19 , 1937, to 4 5a. If married, widowed, or divorced HUSBAND of I last saw h alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at \_\_\_\_\_ m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of im-Years Months Days 7. AGE 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation ..... (mo, and yr.) ..... 12. BIRTHPLACE (city or town) be properly (State or country) Name of operation...... Date of...... What test confirmed diagnosis?..... Was there an 13. NAME autopsy?...... 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or commtry) the following: Accident, suicide, or homicide? ..... Date of injury..... 15. MAIDEN NAME 193..... Where did injury occur?..... 16. BIRTHPLACE (city or (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place..... plain terms, (Address) Manner of injury..... 18. BURIAL, CREMATION Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... (Address)

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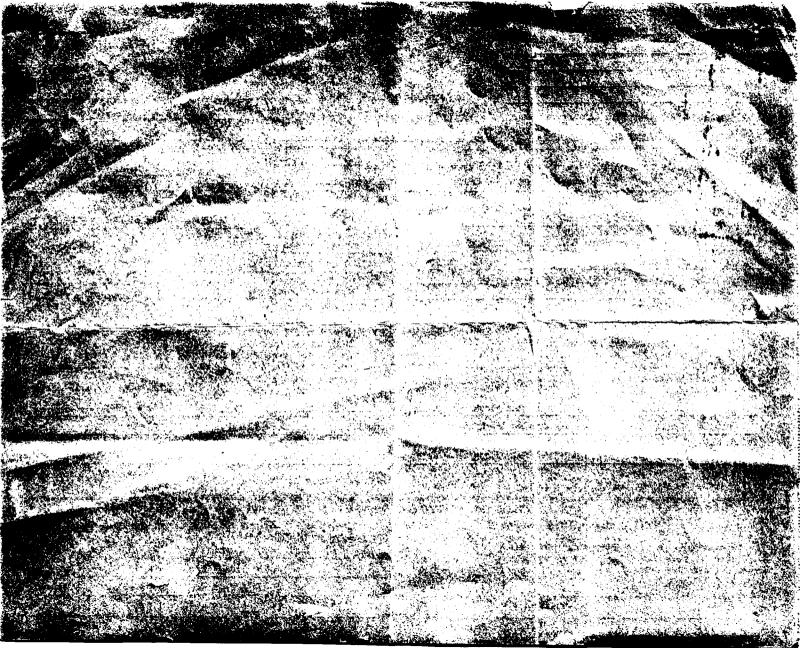
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PLACE OF BIRTH OHACE TO STATE DEPARTMENT OF PUBLIC WELFARE RECEIVERED OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District Na39 State File No. ö (If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No. 2. FULL NAME OF CHILD... 8. Date of If plural (4. Twin, triplet, or other..... 7. Legiti-6. Premature\_ Sex birth. hirthe 5. Number, in order of birth... Full term... mate? (Month. Day, Year) 9. Full FATHER 18. Full MOTHER hame maiden name 10. Residence (usual piece of abode) 14 Bone 19. Residence (usual place of abode) Mir non-resident, give place and State)\_\_\_\_ (If non-resident, give place and State). 11. Color or race ... | 12. Age at last birthday 2 (years) 20. Color or race VV. 21. Age at last birthday 20 (vears) Hansas fore tank 13. Birthplace (city or place)\_\_\_\_\_ 22. Birthplace (city or place).... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind, kind of work done, as spinner, Kolover of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, 500.

16. Date (month and year)

18. Date (month and year) lawyer's office, silk mill, etc, ... 25. Date (month and year) 17. Total time (years) spent last engaged in this work last engaged in this work 26. Total time (years) spent K in this work..... ..... 19..... in this work... WITH UNFADING Separate Beturn m 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillborn... Before labor...... 29. If stillborn. months period of gestation www 30. Cause of stillbirth Cove or weeks construction During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Cm. on the date above stated. (Born Mive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from Bous. a supplemental report.... (Date of) Registrar.



record

permanent

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This

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Unfading

Write Plainly with

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

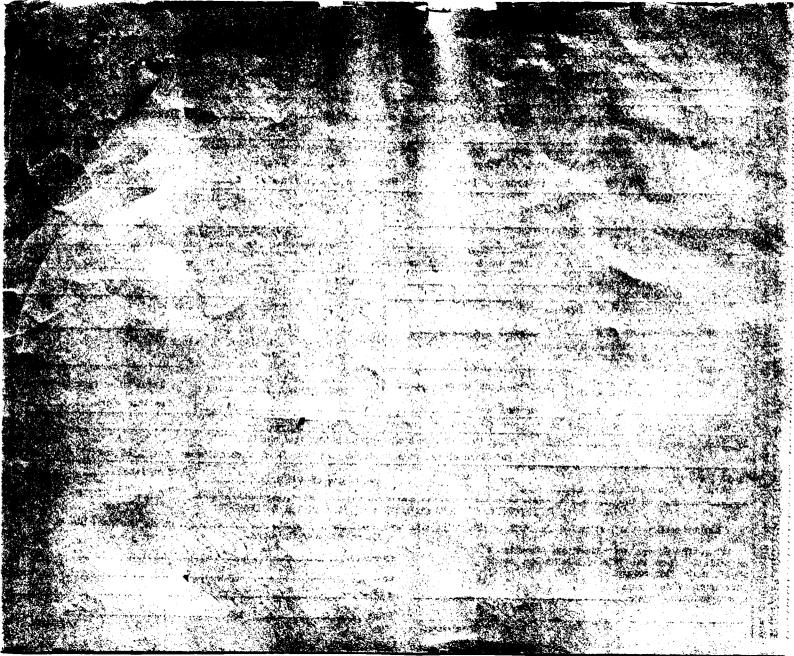
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic." but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN			

1.	PLACE OF BIRTH	6.	STATE OF IDAH DEPARTMENT OF PUBLIC	WELFARE
C	ounty of annack	193.	BUREAU OF VITAL STA	ATISTICS
N	ty of Pacotello	JUN 1.4 1930	CERTIFICATE OF	BIRTH 280628
N	o. 257 1010 st	70	28	
			District No. 28 Ste	
a	f born in hospital or institution give name.)	Prim. Registre	ation District No. 216/Lo	cal Registrar's No
	FULL NAME OF CHILD	Baby	Dulfalo	
<b>-</b>	<del></del>			8. Date of
	Sex If plural \( 4.\) Twin, triplet, or o	ther	remature	birth // de 1939
H -:	Male births 5. Number, in order	of birth F	ull term full mate? 400	(Month, pay, Year)
ı –	FATHER .		[18. Fuzi MO]	THER
١. ١		Ifalo .	maiden name	e Burkey
10	Residence (usual place of shode)	() /) ~~	10 Decidence (usual place of abo	ide)
	(If non-resident, give place and State) Z	5/14:10=	(If non-resident, give place a	and State)
1	1. Color or race	irthday 35 (years)	20. Color or race	Age at last birthday 3/ (years)
1:	B. Birthplace (city or place)		22. Birthplace (city or place)	
_	(State or Country)	aska	(State or Country)	Muraska
Ī	14. Trade, profession, or particular		23. Trade, profession, or partic	cular kind ,
7	kind of work done, as spinner sawyer, bookkeeper, etc.	elene	typist, nurse, clerk, etc	
È	15. Industry or business in which		E 24. Industry or business in	which /
Š	work was done, as slik mill.	O dans	work was done, as own lawyer's office, silk mill, e	nome, www hame
Ę	sawmill, bank, etc.		5 25. Date (month and year)	1
ζ	last engaged in this work 17. Total ti	me (years) spent	last engaged in this work	26. Total time (years) spent
•	19 in this	work	, 19	in this work
2	7. What prophylactic was used to prevent	Ophthalmia Neona	torum?	
_	8. Number of children of this mother (A	t time of this birth	and including this child)	_
	turo (a)	Born alive and nov	w living	ow dead(c) Stillborn
,	9. If stillborn.	months	on Green of skillhinth	Sefore labor
[~	period of gestation	or weeks	30. Cause of stillbirth	During labor
=	CERTIFICAT	E OF ATTENDING	G PHYSICIAN OR MIDWIFE	30
	I hereby certify that I attended the birth of	this child who wa	aliebarn as.	m, on the date above stated.
1			(DOLI WILLS OF PURPORT)	<b>,</b>
١.	When there was no attending physician or midwife, then the father, hoseholder, etc.,	l (	Signed) DUK	<u>ач</u> , м. р
8	br midwire, then the father, hosenoider, etc., should make this return.	J	•	Midwife
	Give name added from		Address Palatella.	Idela a
5 5 6	a supplemental report(Date of		12 15	ALKAN
			Filed, 193. 9	Registrar
8		Registrar.		Trobus and

Action Control



*81 M	PLACE OF DEATH DEPARTMENT OF P	
om of state OPA.	BITERATI OF VITA	L STATISTICS
¥ 2 20	City of Pacallo CERTIFICATE	11/5 CA
Every S shou	ECEIVED Registration District No	20
L MANS	UN 6 1939 Primary Registration Distr	to No. 216 Local Registrar's No. 95
RECORD PHYSICI et statem		of the its name instead of street and number)
SE EX		10
B E E	(a) Residence No	(If nonresident give city or town and state)
EX EX	Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
N I I	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMANENT d EXACTLY. classified. Ex	3. SEX 4. Color or Race 5. Single, Married, Wide and or Divorced (write tword)	whe 21. DATE OF DEATH (month, day and year) 5-6 1939
P 7	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from 193, to 2-6, 1932.
S A P stated perly c	(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 193: death is said
be s prop	7. AGE Years   Months   Days   If LESS th	to have occurred on the date stated above, at
THIS IS A should be stad ay be properly k of certificate	1 day 2. r	The principal cause of death and related causes of importance
IK—1 IK—1 E sho may ack o	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work- ed at this occupation spent in this	maristed fortus
INK-INK-GE SI it may back	sawyer, bookkeeper, etc.  9. Industry or business in which	dead in plays,
G IN AG at it on b	work was done, as silk mill, saw mill, bank, etc.	but works, following
tha tha	10. Date deceased last work- ed at this occupation 11. Total time (years)	Other contributory causes of importance:
otic ctic	(mo. and yr.) occupation	
WITH UNFADIN arefully supplied. plain terms, so th	12. BIRTHPLACE (city or town)	nother
<del></del>	13. NAME Solve A Buffalo  14. BIRTHPLACE (city or town)	Name of operation
WITH carefully plain the See	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
<b>-</b> 25 <b>-</b> 40	(State of Country)	23. If death was due to exter'l causes (violence) fill in also the
AINLY, nould be c EATH in important	15. MAIDEN NAME Zduk Mas Bud 16. BIRTHPLACE (city or town) (State or country)	following: Accident, suicide, or homicide? Date of injury, 193
PLAINLY should by DEATH ry imports	10 16. BIRTHPLACE (city or town)	Where did injury occur?
	(State or country)	(Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in
E PI ion s OF D	17. INFORMANT	public place.
	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
WRITE I	Place Pocalullo Date 5-7 , 19:	Mature of injury
MR inform		24. Was disease or injury in any way related to occupation of
NEOE	19. UNDERTAKER (Address)	deceased If so, specify
	20. FILED 5-7, 1939 DC Rai	(Signed) , M. D.
<b>Z</b>	Registrar.	(Address)

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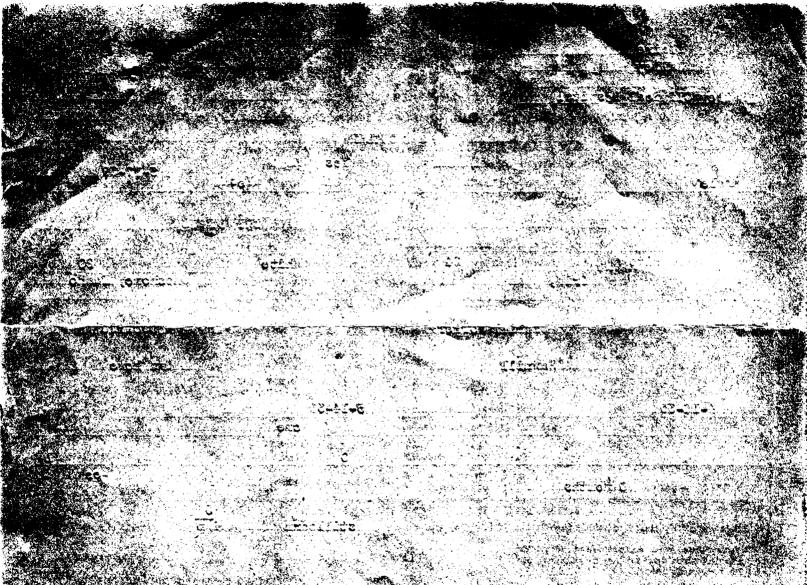
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ADDITIONAL SPACE I	FOR FURT	HER STATEMENTS BY PHYSICIAN		. =	
			·····	···············	
	······································	<del></del>			

			t tige		
1.	PLACE OF BIRTH		DE A DI	STATE OF IDA MENT OF PUBLIC	2
	Blaine		BURE	AU OF VITAL ST	ATISTICS -
City of	Heiley	St 118 2 1939	CER	TIFICATE OF	BIRTH SOCOCOO
No	Clinical Hospital	Bt JUN 2 1900	District No		
	VALLEYOUR LEGENA CO.		District No	7077	ate File No.
(If born in h	ospital or institution give n	ame.) Prim. Regist	ration District	No. audu L	ocal Registrar's No. 46
2. FULL NA	ME OF CHILD		CUILER		
	If plural (4. Twin, triple	t or other 6	Premature <b>Yes</b>	7 Legitia	8. Date of
3. Sex	histha	· .	Full term		birth 5-17-39 193
	<del></del>	order of birth			(Month, Day, Year)
9. Full name	FATHER		18. Full maiden	MO	THER
10 Posidonas	CHESTER CUT.ER (usual place of abode)	- A	name	DOROTHY HA	
(If non-r	(usual place of abode) esident, give place and Sta	to) Hailey, Ita	19. Residence	usual place of aboring of aboring (usual place of aboring the control of a control	ode) Hailey, M.
11. Color or	raceThi to   12. Age at	last birthday 4 (year		<del></del>	Age at last birthday20(years
	(city or place)			<del></del>	Shoshene, Idahe
(State	or Country)			r Country)	
	profession, or particular			profession, or parti	
Sawyer 15. Industr	work done, as spinner, bookkeeper, etc.	semill worker	of work	k done, as housekee nurse, clerk, etc	
E 15. Industr	y or business in which	•	E 24. Industr	y or business in	which
≪! work '	was done, as silk mill, l, bank, etc	remail 11	work w	vas done, as own l s office, silk mill, e	
2 16. Date (1	month and year)	otal time (years) spent	25. Date (1	nonth and year)	
~ I	gaged in this work	ocal time (years) spent	101	gaged in this work	26. Total time (years) spent
4-1	.659, 19 in	this work	- Sel4e	59 19	in this work
27. What pro	phylactic was used to pro	event Ophthalmia Neon	atorum?		
28. Number o	f children of this mother	(At time of this birt			_
			w livingO (	b) Born alive but n	ow dead (c) Stillborn 1
29. If stillbor	n, gestation <b>.6. men tiks</b> .	months or weeks	30. Cause of	stillbirth	Before labor
period or			<u> </u>		During labor
		ICATE OF ATTENDIN			55
I hereby	certify that I attended the b	irth of this child, who w	as Born Alive o	Stillionn)	m. on the date above stated
	re was no attending phy		-		
or midwife, should make	then the father, hoseholder	, etc., }	(Signed)	77	M. D
Give name a	dded from		or AL:	ley, lay	, Midwife
a supplemen	tal report	te of)	Audress		
	(D)		71led <u>5</u> –	31 U , 193 7 C	bfort H. Wright-
i		Registrar.		, ,	Registrar.



	VISION OF PUBLIC HEALTH Registered No. 11456
County of Registration :  City of Primary Reg.  Haily Chinese Hospital. Local Registr	The No. 57
(Home, Hospital or Institution)  Length of residence in County Yrs. Mos. Days where death occurred	How long in U. S. if of foreign Yrs. Mos. Days birth?
2. FULL NAME Cutter (a) Residence: Hailey & Jako	(still born baby) - gooding
DEPSONAL AND STATISTICAL PARTICULARS	(If non-resident give city or county and state)  MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, S. Single, Married, Widowed, vellow, Red or Divorced (write the word)	21. DATE OF DEATH (month, day and year) May 17, 1939  22. I HEREBY CERTIFY. That I arended deceased from
5a. If married, widowed, or divorced Husband of (or) Wife of	Lest saw as alive on 1937 Death is said
6. Date of Birth (Month, day and year)  7. AGE  Years Months Days If less than 1 day	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows;    Date of Onset
8. Trade, profession, or particular kind of work done	Stillon - probably
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation)	butth.
and year)	Contributory causes of importance not related to principal causes
13. NAME Chester Cutler	Where was disease first diagnosed?
13. NAME CICLO COUNTY and State, or Country)  Company (Country)	Name of operation date of Condition for which performed
15. MAIDEN NAME Sorothy HOVILLON 16. BIRTHPLACE (City or Town, County and State, of Country)	What test confirmed diagnosis?  Was there an autopsy?  Was there an inquest?
17. SIGNATURE OF CLEATER CULTURE INFORMANT	23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury
18. BURIAL, CREMATION OR BEMOVAL	
19. UNDERTAKER Ray Mally Dela 5-18 1937	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased? If so, specify
on 5-31 1989 by When H. Wrught-Registrar	(Address) Holley, lasts-

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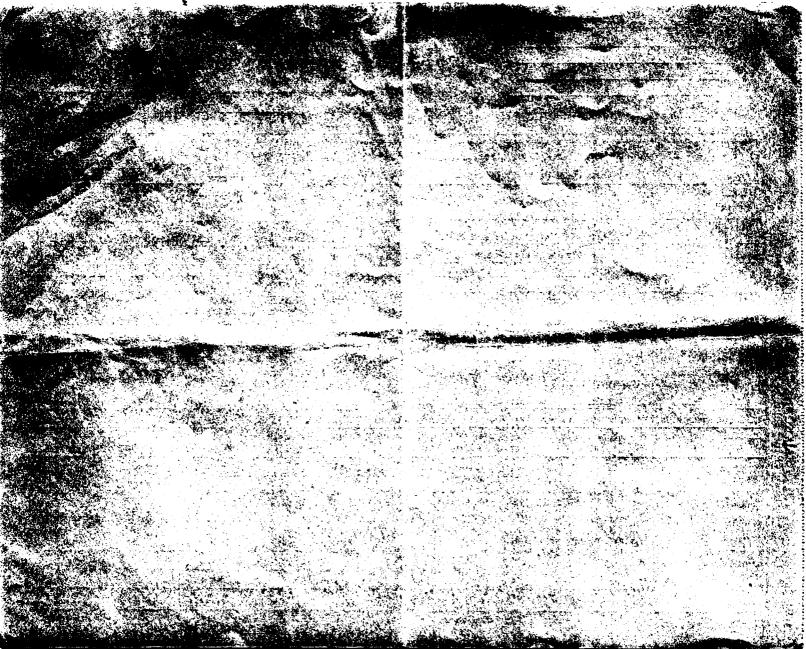
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
			***************************************	
	***************************************		***************************************	

	PLACE OF BIRTH	MECEIV	
County of	Bonner	NAY 18	1020 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
City of Co	regwood		The state of the s
No	· · · · · · · · · · · · · · · · · · ·	St.	ion District No. 22 State File No. 280630
(If born in ho	spital or institution give		gistration District No. 2/35 Local Registrar's No. 20
2. FULL NA	ME OF CHILD	***************************************	
8. Sex Aprile	If plural 4. Twin, trip births 5. Number, i	n erder of birth	6. Premature 7. Legiti- Full term 7. Legiti- mate? 420 8. Date of birth 1004 1005 (Month, Day, Year)
9. Full name	vis albert (	Crosswhite	18. Full MOTHER maiden atta el rene Melendy
10. Residence (If non-re	(usual place of abode) sident, give place and S	tate) Careywood	19. Residence (usual place of abode) (If non-resident, give place and State) Carey wood
	ace White 12. Age at		ears) 20. Color or race W.   21. Age at last birthday 3.0 (year
13. Birthplace (State or	(city or place) Conner Country)	yer oper.	22. Birthplace (city or place)
kind of sawyer,	profession, or particular work done, as spinner, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
work w	or business in which cas done, as silk mill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	Red III CIIIS MOLK	Total time (years) spe	O last engaged in this work   20. 10tal time (years) spent
	hylactic was used to p		
	children of this mother	(At time of this b	pirth and including this child)
29. If stillborn, period of g	estation Full Terra		30. Cause of stillbirth
I hereby ce	CERTI	FICATE OF ATTEND birth of this child, who	DING PHYSICIAN OR MIDWIFE  Was Stillbrin at 1/32 m, on the date above state
	e was no attending phen the father, hoseholde his return.		(Signed) A otter K. Wereling, M. I
Give name ado	ded from	•	or, Midwif Address 314 First are,
a supplementa		Date of)	Filed 5-14, 1939 Origila Soods



STATE OF IDAHO PLACE OF DEATH OCCUPA-DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE County of Donne BUREAU OF VITAL STATISTICS TEATH State File No. City of... Registration District No Primary Registration District No .... Local Registrar's No. PHYSICIANS (No... (If death occurred in a hospital or institution, give its name instead of street and number) Stillbirth Crosswhi FULL NAME Qary (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) ANENA Length of residence in city or town where death occurred. vrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single. Married. Widow-193 21. DATE OF DEATH (month, day and year) ed or Divorced (write the 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_ 193.97 : death is said I last saw hand alive of. 6. DATE OF BIRTH (month, day, and year), to have occurred on the date stated above, at ..... Months If LESS than 7. AGE Years Days' The principal cause of death and related causes of importance 1 day ..... hrs were as tollows: should 5ナル **め**ノトナト Date of onset or ..... min 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.

10. Date deceased last work- 11. Total time (years) See instruction ed at this occupation spent in this (mo, and yr.) ..... occupation ..... DEATH in plain terms, 12. BIRTHPLACE (city or town) ... (State or country) carefully Crosswhite 13. NAME عا ساء لما Cornagie What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (city or town) (State or country) OKIAhoma 23. If death was due to exter'l causes (violence) fill in also the important. following: -WRITE PLAINLY. should be Accident, suicide, or homicide?..... Date of injury..... 193 15. MAIDEN NAME Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) Inwa (State or country) Specify whether injury occurred in industry, in home, or in 17 INFORMANT public place. ð (Address) Manner of injury 18. BURIAL, CREMATION OR REMOVAL WCS TWAN CAUSE Nature of injury..... ION 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER deceased ..... (Address) Registrar. (Address)

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

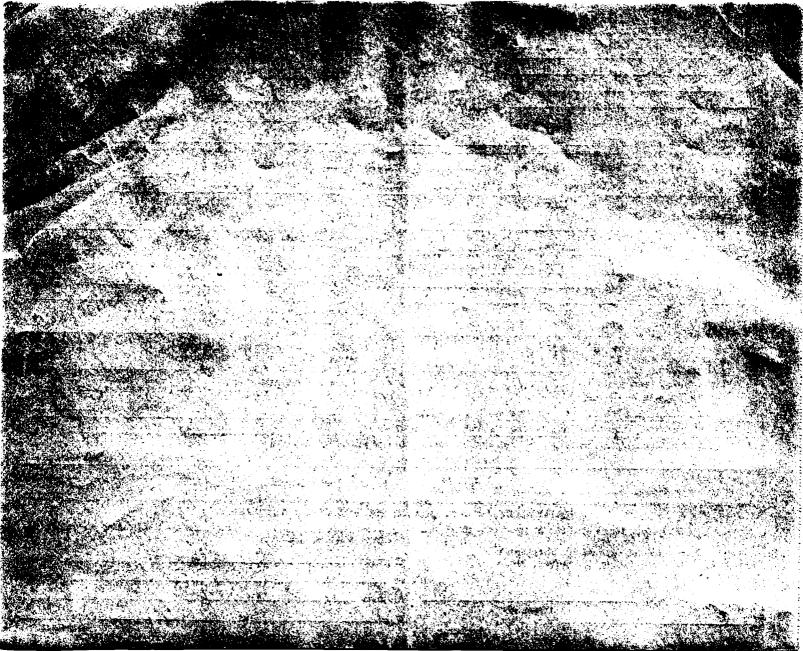
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE I	FOR FURT	HER STATEMENTS BY PHYSICIAN	
			•••••••••••••••••••••••••••••••••••••••
			***************************************



	DIVISION OF PUBLIC HEALTH  ATE OF DEATH-  Registered No
ourity of Dennier Registration Ry of Talla Primary Ro	n Dist. No.  pg. Dist. No.  pstrar's No.  lif death occurred in hespital or institution give its name instead of street and number.
(Home, Hospital or Institution)  Length of residence in County where death occurred  Yrs. Mos. Days	How long in U. S. If of foreign Yrs. Mos. Days birth?
FULL NAME AUGUSTA Sall	Coferry  (If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White, Black, 5. Single Married, Widowe or	d) (month, day and year) 22. I HEREBY CERTIFY, That I attended deceased from
If married, widowed, or divorced Husband of (or) Wife of	
Date of Birth (Month, day and year)    Years   Months   Days   If less than 1 day	to have occurred on the date stated above, at  The principal cause of death and related cause of importance in order of onset were  Tr.   Mo.   Day
8. Trade, profession, or particular kind of work done	as follows: Cerebral hemarkage 1939 4 23
9. Industry or business in which work was done	compression of unfiled
10. Date deceased last worked at this occupation (month and year)	Contributory causes of importance not
BIRTHPLACE (City or Town, County and State, or Country Salah Salah School	y) related to principal causes
13. NAME CLIN PAUL 14. BIRTHPLACE (City of Town, County and State, or County	Where was disease first diagnosed?
Idako talla Idako	Condition for which performed
15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country	
SIGNATURE OF ELMO ROLL WING	23. If death was due to external causes, fill in also the following (Check) Accident—Suicide—Homicide? Date of injury
(Address) HOLL CREMATION OR REMOVAL	(Specify city or town, county and state)  Check whether injury occurred in industry home public place
UNDERTAKER Jack C. Word	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of
. FILED AND BURIAL OR REMOVAL PERMIT INSUED	deceased?If so, specify
(ehigy - mg - Comprand)	(SIGNED) SWealler M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
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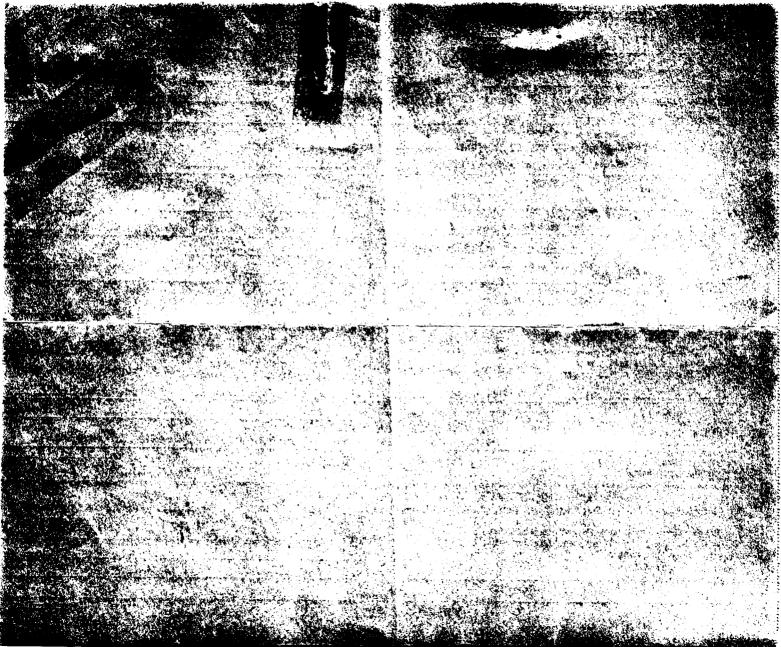
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO of more the DEPARTMENT OF PUBLIC WELFARI County of ... BUREAU OF VITAL STATISTICS City of.... CERTIFICATE OF BIRTH No. | Registration District No. State File No. Cause er of Registration District No. 12006 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD .... W H 8. Date of 6. Premature 8 MO 7. Legiti-If plural (4. Twin, triplet, or other.... each. birth... birthe Full term 20. 5. Number, in order of birth mate? (Month. Day, Year) 6 9. Full MOTHER 18. Full FATHER nama maiden the number name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) LIE (If non-resident, give place and State) The 11. Color or race listle | 12. Age at last birthday 2 \_(vears) 20. Color or race To sube. | 21. Age at last birthday...2 13. Birthplace (city or place) .... 22. Birthplace (city or place)... (State or Country) (State or Country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, 7 of work done, as housekeeper, sawyer, bookkeeper, etc. Haclor **DOCUPATION** typist, nurse, clerk, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, made sawmill, bank, etc. .... lawyer's office, silk mill, etc. ...... 16. Date (month and year) 25. Date (month and year) last engaged in this work 17. Total time (years) spent 26. Total time (years) spent WITH UNFADING INK-Separate Return must be last engaged in this work in this work 12 4rs resent in this work ... hesew 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Under- During labor..... months 29. If stillborn. 30. Cause of Stillbirth Teamuse period of gestation..... or weeks Before labor ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was  $\mathcal{Q}_{-}$  nd. on the date above stated. (Born Alive or Smill When there was no attending physician (Signed) .... or midwife, then the father, householder, etc., should make this return. Give name added from child WRITE one child Address a supplemental report..... (Date of) Filed : Rogistrar.



STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

ICATE OF DEATH

1. PLACE OF DEATH

**REMOVAI** BEFORE FILED BE MUST

Registered No

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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TOTAL A SECOND TO A

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	<u> </u>
	***************************************	•	***************************************

L PLACE OF BIRTH	13 1939 BUREAU OF VITAL STATISTICS  CERTIFICATE OF RIETH
County of Tranklin	13 1933 BUREAU OF VITAL STATISTICS
No St. Memorial Worktal Registre	tion District No. 4 27 State File No. 280633
	2-410 210.
	egistration District No. 2/19 Local Registrar's No. 11
2. FULL NAME OF CHILD	Tarsin
If plural [4. Twin, triplet, or other	6. Premature 7. Legiti-
birtha	birth 2013 6 198 9
	Full term mate? (Month, Day, Year)
name / · + ·	18. Full MOTHER maiden
10. Residence (usual place of abode)	name Orba Joseph
(If non-resident, give place and State)	lalu (If non-resident, give place and State).
	years) 20. Color or racelulate   21. Age at last birthday. 3.6 (years)
13. Birthplace (city or place) Logan, utal (State or Country)	22. Birthplace (city or place) Journal (State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.	of work done, as housekeeper, Houseful of typist, nurse, clerk, etc.
15. Industry or business in which	typist, nurse, clerk, etc.  24. Industry or business in which
work was done, as silk mill, sawmill, bank, etc.	<  work was done, as own nome.
5 16. Date (month and year)	lawyer's office, silk mill, etc.
last engaged in this work 17. Total time (years) s	pent last engaged in this work 26. Total time (years) spent
in this work	in this work
27. What prophylactic was used to prevent Ophthalmia I	
· · · · · · · · · · · · · · · · · · ·	birth and including this child)
(a) Born alive an	d now living. (b) Born alive but now dead. 0. (c) Stillborn.
29. If stillborn, months	30. Cause of Stillbirth During labor
period of gestation or weeks	Before labor
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, wh	no was stilling at 9 4 m on the date above stated.
When there was no attending physician	(Born Anye or Sealborn)
or midwife, then the father, hoseholder, etc.,	(Signed) M. D.
should make this return.  Give name added from	or, Midwile
a supplemental report	Address heston Stakes
(Date of)	Filed June 8 1989 (1) States



NT RECORD. Every item of PHYSICIANS should state. Exact statement of OCCU-	County of Asaham BUREAU OF VITAL  CERTIFICATE O  Registration District No  Primary Registration District  (No. Lenda Memory Registration)  (If death occurred in a hospital or institution,	STATISTICS - STATISTICS - State File No. 114565  Ct No. Local Registrar's No. 35
N E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING A PERMANENT ated EXACTLY. oerly classified. ifficate.	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month day, and year) / 193 9  22. LHEREBY CERTIFY, That I attended deceased from 193 7  I last saw have live on 193 1, 193
D FOR THIS IS ald be stop be prop	6. DATE OF BIRTH (month, day, and year) \( \) \\ \( \)	to have occurred on the date stated above, at Mariana.  The principal cause of death and related causes of importance were as follows:  Date of onset  Description of the date stated above, at Mariana and the principal cause of death and related causes of importance were as follows:
N RESERV. DING INK ed. AGE sh so that it ma ruction on b	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other contributory causes of importance:
[ARGI] UNKA] suppli erms, ee inst	12. BIRTHPLACE (city or town) Susum Susum	
	13. NAME Christian James Farsur  14. BIRTHPLACE (city or town) James Jam	Name of operation
WRITE PLAINLY, V information should be ca CAUSE OF DEATH in PATION is very import	15. MAIDEN NAME On La orgensen  16. BIRTHPLACE (city or town) Nuntrulle (State or country)  17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date , 193  19. UNDERTAKER (Address)	23. If death was due to exter causes (violence) all in also the following:  Accident, suicide, or homicide?  Date of injury.  (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify.  (Signed).  M. D.
e Z	20. FILED une 198/ Registrar.	(Address) Beston Flahy

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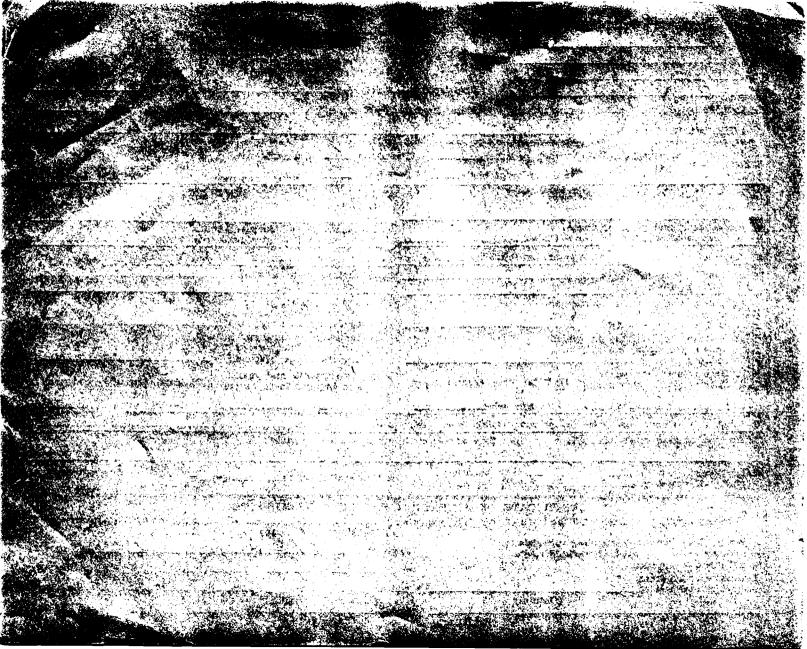
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
			•	

JUN 13 1939 DEPARTMENT OF TUBLIC WELFARE PLACE OF BERTH County of ... City of. law menudial News Registration District No. ..... State File No. Prim. Registration District No. 2/19 (If born in hospital or institution give name.) ...Local Registrar's No. 2. FULL NAME OF CHILD. Jakes enemenando 8. Date of If plural (4. Twin, triplet, or other (18. Premature) 7. Legiti-8. Sex 0 birth MAND hirtha 5. Number, in order of birth me Full term. mate? (Monta, Day, Year) FATHER 9. Full MOTHER 18. Full name 🕊 maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Laladaw Sa (If non-resident, give place and State) 13. Birthplace (city or place) to star Sand 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper Jaua Ralplett kind of work done, as spinner, sawyer, bookkeeper, etc. ..... for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill work was done, as own home, made sawmill, bank, etc. \_\_\_ lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work all. in this work left 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn Before labor.... 29. If stillborn. months 30. Cause of stillbirth Maces period of gestation 7 months WITH Separa During labor..... CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE leasu at m. on the date above stated. I hereby certify that I attended the birth of this child, who was œ (Born Alive or Stillborn When there was no attending physician or midwife, then the father, householder, etc., (Signed) ..... should make this return. Give name added from WRITE F Address Date Time a supplemental report..... (Date of) Filed ... one Registrar.



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CORD. Every in PHYSICIANS CERTIFICATE OF State File No. Registration District No..... Primary Registration District No. ogal Registrar's No. RECORD (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... PERMANENT (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) et saw ha. alive on to have occurred on the date stated above, at -The principal cause of death and related causes of impor-Day: If LESS than were as follows: 1 day .... hrs Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation .. 12. BIRTHPLACE (city or town). (State or country) FATHER 18. NAME Name of operation.... Management Date of ..... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?.... Was there an autopsy? DE MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 198. Ŀ. 16. BIRTHPLACE (city or town) Ö Where did injury occur?..... (State or country) (Specify city or town, county, and state) AUSE Edward Nemenswander 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) Preston 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Place... Logan . Utah ..... Date 5./8..., 1939 Nature of injury..... 24. Was disease or injury in any way related to occupation none 19. UNDERTAKER .... (Address) of deceased?.... (Signed)

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Gallstones	May 1, 1923	Cariscontaritis	1 year	
ADDITIONAL	SPACE FOR FURTI	IER STATEMENTS BY PHYSICIAN		
:				

E PLACE OF BIRTH	SPACE OF TOURO
91. 180.	DEPARTMENT OF PUBLIC WELFARE
City of Sandlass Stells. No. St. JUN 13	3 1939 CERTIFICATE OF BIRTH 28063
No. St. Registration	District No. 27 State File No.
	ration District No. 2/19 Local Registrar's No. 99
2. FULL NAME OF CHILD Dennies Toke	at Oliverson
8. Sex M. If plural \{4. Twin, triplet, or other Que 6. F \\ 5. Number, in order of birthere F	Premature
9. Full FATHER name Survey Danalas Oliverson	18. Full MOTHER
10. Residence (usual place of abode (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race	20. Color or race. 21. Age at last hirthday. 3/ (years
13. Birthplace (city or place) Thankling, States (State or Country)	22. Birthplace (city or place) Describing, Ideal (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent	
at present 1939 in this work all life	a struck, 1939 in this work all the
27. What prophylactic was used to prevent Ophthalmia Neone	
28. Number of children of this mother (At time of this birth (a) Born alive and not	w living (b) Born alive but now dead
29. If stillborn, 9 months or weeks	30. Cause of Stillbirth { Before labor
CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who wa	(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, hoseholder, etc., (S	Signed) Hamme M. D.
should make this return.	
Give name added from	ddress Facton Stoke
(Date of)	Tied June ( 1989 ) tales
Rogistrar.	Registrar.



PLACE OF DEATH DEPARTMENT OF PU	IDAHO UBLIC WELFARE DO NOT WRITE IN THIS SPACE
County of Transfer BUREAU OF VITA	L STATISTICS
City of Franking CERTIFICATE	OF DEATH   State File No. 114567
DE C	27
a 1935 egistration District No	21
Primary Registration Dist	rict No. 2/// Local Registrar's No. 3
(No(If death occurred in a hospital or negitation,	give (15) ame instead of street and number)
2. FULL NAME Denny Hobert	give the ame instead of street and number)
(a) Residence. No. 4 Mulelu	
(Usual place of abode)	St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs	Mos. As. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ed or Divorced (white t	the 21. DATE OF DEATH (month, day and year)
word) Suite	22, I HEREBY CERTIFY, That I attended deceased fr
5a. If married, widowed, or divorced HUSBAND of	May 25 1939 to May 25 195
6. DATE OF BIRTH (month, day, and year)	I last saw alive of liberty 193 death is a
-May 28 193	19 to have occurred on the date stated above, at 2.20 ft. m
7. AGE Years Months Days If LESS th	
stille or n	
8. Trade, profession, or particular kind of work done, as spinner,	Pre- Pelampia 7 -
sawyer, bookkeeper, etc	Pregnancy & not for hand
sawyer, bookkeeper, etc	
saw mill, bank, etc	
ed at this occupation spent in this occupation occupation	Other contributory causes of importance;
	none
12. BIRTHPLACE (city or town). (State or country)	•••
E 18. NAME E. Donaslas (Olystasia	
	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy
15. MAJDEN NAME WILDER TOWN)	23. If death was due to exter'l causes (violence) fill in a
I BIDWIND ACT	the following: Accident, suicide, or homicide? Date of injury, i
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANTY & Dough Oliverson	Specify whether injury occurred in industry, in home, or
(Address)	public place
18. BURIAL, CREMATION OR REMOVAL  Place F. Mandeline, Date 5 - 29 10	Manner of injury
1	Nature of injury
19. UNDERTAKED (Address)	of deceased? If so, specify
20. FILED June & 1939 (Ar State	(Signed)
Registrar	(Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

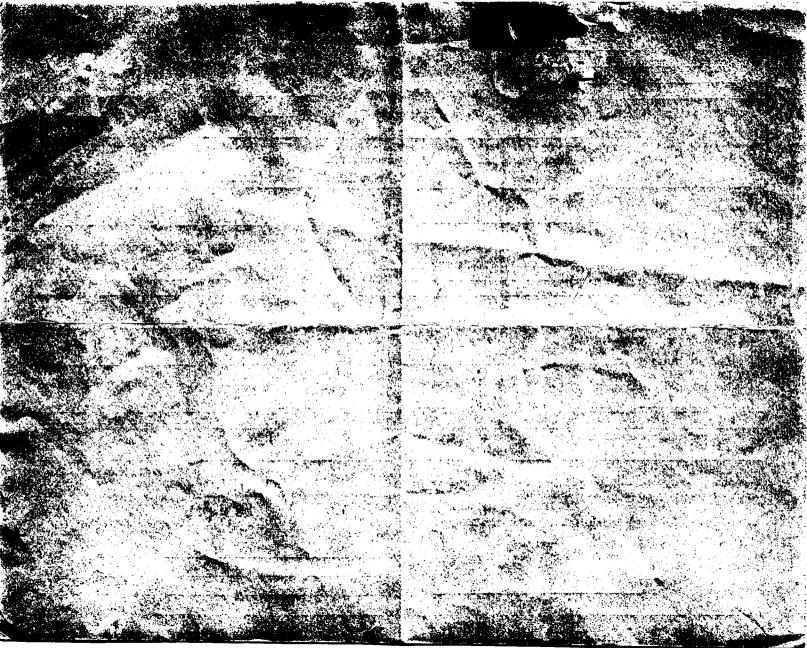
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .-- Cause of death means the disease, injury, or complication which causes death not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH PLATE OF IDAHO A DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of 6mmen CERTIFICATE OF BIRTH O State File No. Registration District No. ..... (If born in hospital or institution give name.). Prim. Registration District No. Local Registrar's No. 2. FULL NAME OF CHILD R. Date of If plural [4. Twin, triplet, or other\_\_\_\_\_ 7. Legiti-8. Premature. birtMar 23 births mate? 420 5. Number, in order of birth.... Full term.... (Month, Day, Year) 9. Full FATHER ils. Full MOTHER name // maiden name 10. Residence (usual place of abode) Residence (usual place of abode) (If non-resident, give place and State) Emme (If non-resident, give place and Starrome 11. Color or race W | 12. Age at last birthday 18 (years) 20. Color or race 22 | 21. Age at last birthday (years) 13. Birthplace (city or place) do not (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, OCC. emple of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work..... in this work... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? #0 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead Q. (c) Stillborn ... Before labor ruide and 29. If stillborn. months A mouch 30. Cause of stillbirth.... period of gestation..... or weeks During labor ( CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWAYE I hereby certify that I attended the birth of this child, who was ... m, on the date above stated. (Born Allee or Stillborn When there was no attending physician ) or midwife, then the father, hoseholder, etc., (Signed) ... should make this return. Give name added from Address 6mme a supplemental report.... (Date of) Filed ... Rogistrar.



1	STATE OF IDA	НО			<del></del>
	DEPARTMENT OF PUBL		DO NOT WRITE	IN THIS SP.	ACE
PLACE OF DEATH	BUREAU OF VITAL S			11/569	l
County of Jem	LACERTIFICATE OF	DEATH	State File No	113000	
County of	Registration District No	6			
City of Grandle	Primary Registration Distric	t No	Local Registr	ar's No	•••••
•	• -	•	1		
(Landeath occur	(Noinstitution, give its	name instead of street an	d number.)		
000	na / Tiley				
2. FULL NAME	· Y				
(a) Residence. No(Usual place of abode)		St	(If nonresident give city	or town and Sta	te)
Length of residence in city or town where	death occurred. yrs. mos. de	. How long in U. S., if		rs. mos.	ds.
PERSONAL AND STATIST	ICAL PARTICULARS	MEDI	CAL CERTIFICATE OF	DEATH	
SEX 4. COLOR OR RAC	E 5. Single, Married, Widowed,	16. DATE OF DEA	TH A	3.0	
Temale white	or Divoced (write the word)		uch.	<i>y</i>	19.19
5a. If married, widowed, or divorced			_ <del></del>	···	ear)
HUSBAND of (or) WIFE of	7	17. I HEREBY CER	TIFY, That I attended de	eceased from	20
	900 03 1620	her a.	19.34 to b	, 1	1.07
6. DATE OF BIRTH (month, day and year		that I last saw h.	on_	<b>-1</b> , 1	9_4
7. AGE Years Months	Days If LESS than 1 day, hrs. or	and that death occurr	red, on the date stated abo	ve, at	m.
	min.	The CAUSE OF DE	ATH was as follows:	$\mathbf{g} = \mathbf{g} \cdot \mathbf{g}$	
8. OCCUPATION OF DECEASED		مريد ا	you	Jakry	<del>`</del>
(a) Trade, profession, or particular kind of work		geas wife	a later began	- Carrafin	spie
		Dacerell	and sel	<u>~</u>	
(b) General nature of industry, business, or establishment in			(duration)	.yrsmos	ds.
which employed (or employer)		CONTRIBUTORY			<b></b>
(c) Name of employer		(Secondary)			
9. BIRTHPLACE (city or town)	ort Jack.		(duration)	.yrsnos	ds.
(State or country)		18. Where was dises			
10. NAME OF FATHER	$\mathcal{O}$ 0.	Did an operation pre	cede death? Dat	e of	
leren	ue /tilly	Was there an autops		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. BIRTHPLACE OF FATHER (city (State or Country)	or town)	What test confirmed	diagrafica		
(State or Country)	Denan	(Signed)	Hon	ny	,∕¥. D.
(State or Country)  12. MAIDEN NAME OF MOTHER	1 2 1	\$14 ,1	939 (Address)	mell	de
	loretta Me Laws	┨┈┈┈			
18. BIRTHPLACE OF MOTHER (city	oppown)	*State the DISEAS	E CAUSING DEATH, or MEANS AND NATURI AL, SUICIDAL, or HOM	in deaths from VIC	DLENT
(State or Country)	Durley Ida	whether ACCIDENT	AL, SUICIDAL, or HOM	ICIDAL.	(2)
14. Flanta	ma Louis	19. Place of Burial,	Cremation, or Removal	Date of Buria	1
Informant	JA -		mett do	2/23	19 🕏
(Address)	mer our	20. Undertaker	nes sa	Address	
15. Filed 574 , 19.3.9	J. S. Dumalds	20. Undertaker	- t. la.	Man Can	
	Registrar	1 Cound	vaker		

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere chopheumonia (secondary), 10 us. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite discouse can be accounted as the course Always exhibit. disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

spinal fever (the only definite synonym is "Epidemic

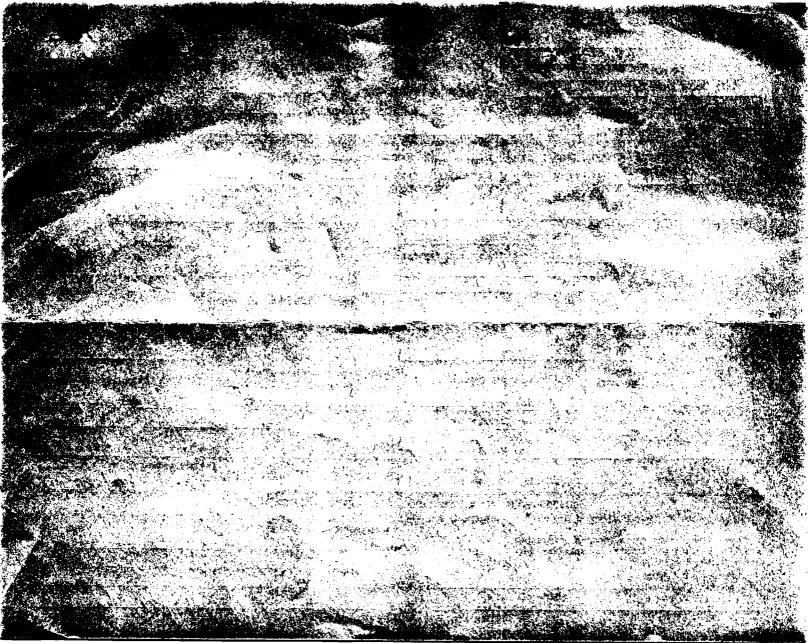
DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.



t of OCCUPA-	PLACE OF DEATH  County of  City of  Cit	DEATH  Local Registrar's No.				
AGE should be stated EXACLLI, properly classified. Exact statement	Primary Registration District No					
nid be stat classified.	PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR BACE or Divorced (write the word)	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  19. 39				
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year) Capril 30 - 1939	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from  20, 19.34, to 9.39, 19.39  that I last saw has on 0.000 200, 19.39				
lly supplied. that it may be certificate.	7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED	and that death occurred, on the date stated above, at				
e carefu rms, so 1 back of	(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	two on three days . Macenta la set was . (duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)				
hould plain tion	9. BIRTHPLACE (city or town) (State or country)  10. NAME OF FATHER	(duration)				
of information so OF DEATH in lant. See instruc	11. BIRTHPLACE OF FATHER (city or (bwn) Control (State or Country)  12. MAIDEN NAME OF MOTHER	Was there an autopsy?  What test confirmed discussed M. D.  (Signed) M. D.				
item AUSE import	13. BIRTHPLACE OF MOTHER (city of two) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19 Place of Burial, Cremation, or Removal   Date of Burial				
N. B.—Every should state C TION is very	14. Informant Soul Cuguate Scholo (Address)  15. Filed 54 , 1939 Physical Registrar	20. Undertaker  No 74 480 taker.  Address  Addre				

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

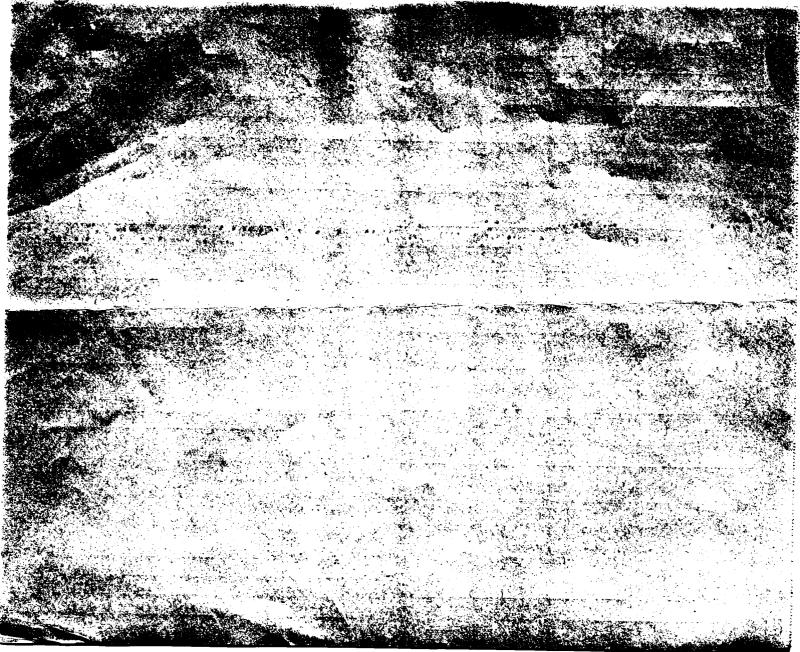
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

County of DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
	<b>10</b>
County of BURBAU OF VITAL STATISTICS	E22
City of 6 minus S CERTIFICATE OF BIRTH 3280	000
	60
Nogistation District	area constituin stance and
(If born in hospital or institution give name.) Prim Registration District NoLocal Registrar's No	
2 FULL NAME OF CHILD Gonald dean Gordon	
8. Date of	
S. Sex 1	
5. Number, in order of birth	, 1044
9. Full. O FATHER	
Derwind Olaw Fordon name alhab Maleberry	· · · · · · · · · · · · · · · · · · ·
10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State)	ett. De
11. Color or race	73 (years)
13. Birthplace (city or place) 6 mm 2 22. Birthplace (city or place) Mary 1	
13. Birthplace (city or place) 6 mm 22. Birthplace (city or place) Marchael (State or Country) Califor	nia
123 Trade profession, or particular kind,	
of work done, as housekeeper,	well
sawyer, bookkeeper, etc	1
work was done, as own home.	7!
e sawmill hank etc.	
16. Date (month and year) 17. Total time (years) spent 25. Date (month and year) 26. Total time (years)	ars) spent
ast engaged in this work	• • •
19 in this work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?	
28. Number of children of this mother (At time of this birth and including this child)	
(a) Born alive and now living (b) Born alive but now dead (c) Sti	
29. If stillborn, period of gestation self term or weeks 30. Cause of stillbirtholius by Before labor	
29. If stillborn, period of gestation cell term or weeks of stillbirthodist During labor.	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30  I hereby certify that I attended the birth of this child, who was (Bornally or Stillsorn)	bove stated.
I hereby certify that I attended the birth of this chid, who was (Bornative or Stallsorn)	
When there was no attending physician	
or midwite, then the father, hoseholder, etc., should make this return.	, Midwif
Give name added from  Address 6 mml 4 of a	AMUWII
a supplemental report	
(Date of) Filed 6/3 193 9 Shokefor	
Registrar,	Registrar,
The state of the s	



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PLACE OF DEATH	STATE OF IDA DEPARTMENT OF PUBL BURHAU OF VITAL A	LIC WELFARE	DO NOT WRITE IN TE	•
county of Gun	CERTIFICATE O	F DEATH	State File No. 1145	70
City of 6 mmesa	Registration District No	<u>6</u>		
5 1434	Primary Registration District	t No	Local Registrar's No	
/////	(Nod in a hospital or institution, given	ve itshame instead o	)	* * *
2. FULL NAME for	ald alean	Lordon	<u></u>	
(a) Residence. No		,	9t	
(Usual place of abode) Length of residence in city or tow		(If nonrest	ident give city or town and U.S., if of foreign birth?	d state) yrs, mos. ds.
PERSONAL AND STATE	STICAL PARTICULARS	MEDICA	L CERTIFICATE OF DEA	TH
3. SEX 4. Color or Ra	ce 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEA	TH (month, day and year)	5/4 1939
male whit	e word) Suigle	22. I HEREBY CE	RTIFY, That I attended	deceased
5a. If married, widowed, or di HUSBAND of (or) WIFE of	vorced //	5./.4	, 1939, to	, 193
6. DATE OF BIRTH (month, d	lay, and year)		ive on	
7. ACF Years Months	Days   If LESS than	to have occurred of The principal caus	on the date stated above, a e of death and related cau	tm. uses of impor-
i. Adiv   Jeans Monting	1 day, hrs.	1		Date of onset
8. Trade, profession, or part	or min.	Stille	116.	
kind of work done, as a sawyer, bookkeeper, etc.	pinner,			
kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in work was done, as silk a saw mill, bank, etc  10. Date deceased last work ed at this occupation	which nill.	duy to p	rolofied	.,
10. Date deceased last work ed at this occupation	11. Total time (years)	cora acces	ung accounty.	,
(mo. and yr.)	occupation	Other contribute	ry Causes of importance:	
12. BIRTHPLACE (city or town (State or country)	vn) 6 mme A			
13. NAMELEURS Des	w Gordon			late of
14. BIRTHPLACE (city or	town) 6 mmet	41	ed diagnosis? Was there	
(State or country)	1 Saono	23. If death was d	ue to exter'l causes (violen	
15. MAIDEN NAME (city or (State or country)	& facilerry	the following.	or homicide? Date of	
16. BIRTHPLACE (city or (State or country)	california.	Where did injury	occur?ecify city or town, county,	
17. INFORMANT	<u>J</u>	Specify whether in	njury occurred in industry,	in home, or in
(Address) 18. BURIAL, CREMATION OR	REMOVAL	n -	• • • • • • • • • • • • • • • • • • •	
Place	Date 193	Nature of injury.	• • • • • • • • • • • • • • • • • • • •	
19. UNDERTAKER NoU.			injury in any way related	
20. FILED	Vi Deuma cola	(Signed)	Mawhe	, M. D.
20. EILEDT. 2, 183.	Registrar.	(Address)	Summer	me.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

CVAMBIE I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

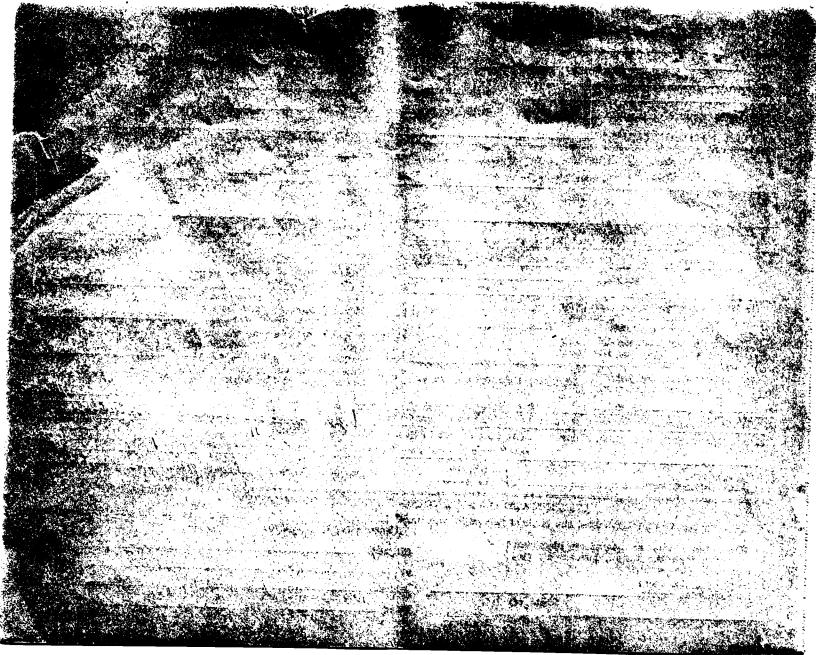
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer. mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or Injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921 July 5, 1927	Run over by street car	1 week ago 3 days ago	
Cerebral hemorrhage		Peritonitis		
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL COLOR				
ADDITIONAL SPACE		HER STATEMENTS BY PHYSICIAN		

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH of more birth st Resistration District No. ..... St. No. State File No. .... Prim. Registration District No. 2176 Local Registrar's No. 75 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of Ŗ.ü 6. Premature. 20 7. Legiti-If plural (4. Twin, triplet, or other..... hirth (Month. Day, Year) 3. Sex births Full term. 5. Number, in order of birth..... MOTHER 18. Full FATHER 9. Full maiden name name number # 2 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State). (If non-resident, give place and State) | 21. Age at last birthday. Lile 12. Age at last birthday 50 (years) 20. Color or race white 11. Color or race. 22. Birthplace (city or place).... 13. Birthplace (city or place)..... (State or Country) and (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular each, of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. .... amer sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which for work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. made sawmill, bank, etc. .... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent Last engaged in this work in this work in this workell must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING (At time of this birth and including this child) 28. Number of children of this mother months 30. Cause of stillbirth A. 29. If stillborn. or weeks During labor..... period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. (Born Alive or Stillborn When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., ....., Midwife should make this return. Give name added from Address JUN 10 a supplemental report..... Ġ (Date of) Filed ..... Registrar, Registrar.



I		YD 4 TYO
	PLACE OF DEATH STATE OF Jefferson DEPARTMENT OF PU	IDAHO UBLIC WELFARE DO NOT HERETO IN THIS SPACE
ATH in instruc-	County of BUREAU OF VITAL	L STATISTICS DO NOT WRITE IN THIS SPACE
E E E	City of Righy CERTIFICATE	OF DEATH State File No. 114572
	200	98
	المرز Registration District No Primary Registration Dist	rict No. 2176 Local Registrar's No. 2 6
F O &	Primary Registration Dist	rict No Local Registrar's No
	(No	n, give its name instead of street and number)
item USE portar	Oddill ann Manuan	
ory item o CAUSE Oi important.	2. FULL NAME STILLBORN MORGEN	
9 <b>-</b> .	(a) Residence No	St. (If nonresident give city or town and state)
Every state	(Usual place of abode)  Length of residence in city or town where death occurre	d.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
DING NENT RECORD HCIANS should OCCUPATION is	PERSONAL AND STATISTICAL PARTICULARS.  2 SEY   4 Color or Race   5. Single, Married, Wich	MEDICAL CERTIFICATE OF DEATH.
53 48 E	J. Blaze and on Divorced (write	21. DATE OF DEATH (month, day and year) 1939
		22 I HEREBY CERTIFY, That I attended deceased from
SEE	5a. If married, widowed, or divorced	1937, to 6/4 , 1937
	HUSBAND of (or) WIFE of	I last saw her district Ptilles 193: death is said
BINDING BMANENT R PHYSICIANS nt of OCCUPA	6. DATE OF BIRTH (month, day, and year) June 4	have occurred on the date stated above, at
OE BINDING PERMANENT PHYSICIAN ment of OCCU	7. AGE Years Months Days If LESS the	The principal cause of death and related causes of im-
FOR PER	Stillborn or mi	n.   Date of onset
£ 2, 2, 3	8. Trade, profession, or particular	1) Hylancephale Calmon.
RESERVED —THIS IS A sted EXACT of. Exact sta	kind of work done, as spinner, sawyer, bookkeeper, etc	
SERVI HIS 18 EXAC	9. Industry or business in which	
	work was done, as silk mill,	
F F F F F	saw mill, bank, etc	Other contributory causes of importance:
N State of	ed at this occupation   spent in this	
MARGIN RESERVED HUNFADING INK—THIS IS AGE should be stated EXAC be properly classified. Exact s	(mo. and yr.) occupation Rigby	
E N E	12. BIRTHPLACE (city or town)	
		Name of operation
7	13. NAME Clifton Morgan	What test confirmed diagnosis? Was there an autopsy?
UNF AGE	13. NAME Clifton Morgan  14. BIRTHPLACE (city or town) American Fal- (State or country) Idaho	23. If death was due to exter'l causes (violence) fill in also
<u>Ħ</u> ] Å	(State or country) Idaho	the following.
AINLY, WITH fully supplied. that it may be if certificate.		Accident, suicide, or homicide? Date of injury,
X, V ruppi it n iffice	15. MAIDEN NAME Velma Allen	193
INLY, WI lly supplie hat it ma, certificate.	15. MAIDEN NAME Velma Allen  16. BIRTHPLACE (city or town) Rockland  (State or rountry)	Where did injury occur?(Specify city or town, county, and state)
r PLAINL carefully s s, so that ok of certi	(State or country)	Specify whether injury occurred in industry, in home, or
	17. INFORMANT Olyton Morgan	in public place
TE Poo carring, a	(Address) HAGEV.108.10	Manner of injury
B.—WRITE PI should be care plain ferms, se tion on back	18. BURIAL, CREMATION OR REMOVAL Place And Die an Fallate 6/5 , 193	- 11
WRI ald h n te		24 Was disease or injury in any way related to occupation
S.—W. should plain tion o	19. UNDERTAKER None	of deceased? NO If so, specify, 49
	(Address)	(Signed) M. D.
Ż	20. FILED 5 , 193 Registrar	

plain terms, so that it may be properly class

tion on back of certificate.

20. FILED ..... 193

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

24 Was disease or inju...

M. D.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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			H 13. NAML		
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of oin ance: Gastroenteritis  Other CONTRIBUTORY CAUSES (CAUSE)	₽ <u>= </u>		
		PLACE (eity or tewn) (State or country)			
	:	ED CTATELENING DE DELLE	17. INFORM		
	Mannet	CREMATION OR REMOVAL	18. BURIAL,		
inju.	Nature of	Date 193	Place		

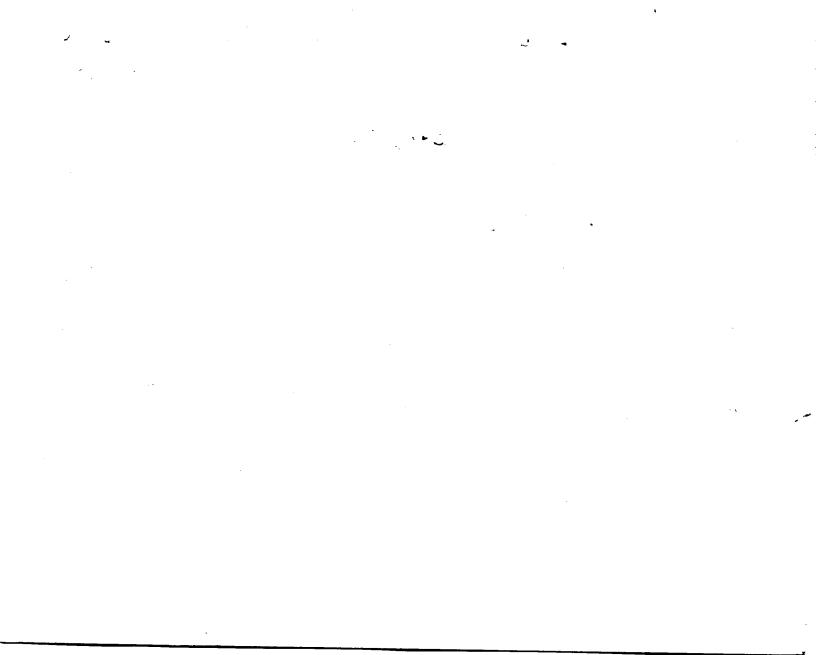
Registrar.

OHACII TO TYLETS PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of... City of Palus 10 N 280641 CERTIFICATE OF BIRTH State File No. \_\_\_\_ Registration District No. Prim. Registration District No. 105/ Local Registrar's No. 167 case ( (If born in hospital or institution give name.) 2. FULL NAME OF CHILD... 8. Date of 6. Premature D. N. B. 7. Legiti-If plural (4. Twin, triplet, or other..... birth Muy 26 births (Month, Day, Year) mate? Full term .... 5. Number, in order of birth..... MOTHER 18. Full FATHER 9. Full maiden name Bonne name 19. Residence (usual place of abode) (If non-resident, give place and State) cound Weige J 10. Residence (usual place of abode) (If non-esident, give place and State) 11. Color or race 12. Age at last birthday 18 (years) 20. Color or race 21. Age at last birthday (years) 13. Birthplace (city or place) Capuad Glane Adalus 22. Birthplace (city or place) Capuad Glane Adalus and (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular each, of work done, as housekeeper. kind of work done, as spinner, kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. typist, nurse, clerk, etc. ..... CCUPATION sawyer, bookkeeper, etc. 24. Industry or business in which for work was done, as own home. W.—THIS lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work in this work..... NI must in this work.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother WITH UNFALL. Separate Return (a) Born alive and now living 2..... (b) Born alive but now dead...... (c) Stillborn During labor - Breech Gracial 30. Cause of Stillbirth Security months 29. If stillborn. or weeks Before labor..... period of gestation...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stated. (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.

RECORD.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of / Conten Every item of sinformation ite CAUSE, OF DEATH in DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS Bity of Co in d'alene CERTIFICATE OF DEATH State File No. Registration District No. Primary Registration District No. 10 51 OCCUPATION is very imposed, Shormen (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Intant (a) Residence No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) 164 1939 owed or Divorced (write u) the word) 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced 24 193 to 57 24 193 9 HUSBAND of I last saw ha..... alive on.................................. 193......: death is said (or) WIFE of to have occurred on the date stated above. a 2:154. m 6. DATE OF BIRTH (month, day, and year) 5-26-1737 If LESS than The principal cause of death and related causes of im-Months Davs Years 7. AGE 1 day ..... hrs. portance were as follows: Date of onset or ..... min. Still Born. 8. Trade, profession, or particular kind of work done, as spinner, sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this occupation ..... (mo. and yr.) ..... 12 BIRTHPLACE (city or town) (State or country) Name of operation...... Date of..... What test confirmed diagnosis?..... Was there an 13. NAME autopsy?..... 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide? Date of injury. 15. MAIDEN NAME 193..... Where did injury occur?.... 16. BIRTHPLACE (city or town). (Specify city or town, county, and state) (State Specify whether injury occurred in industry, in home, or in public place..... (Address) olain terms, Manner of injury..... 18. BURIAL, CREMATIO Nature of injury Date 5 - 26 , 193 Place Coa 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... (Address) 20. FILED 5/26 , 193 9 Notewonde no. (Signed) ... (Address ... Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

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- 9.—The industry of business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

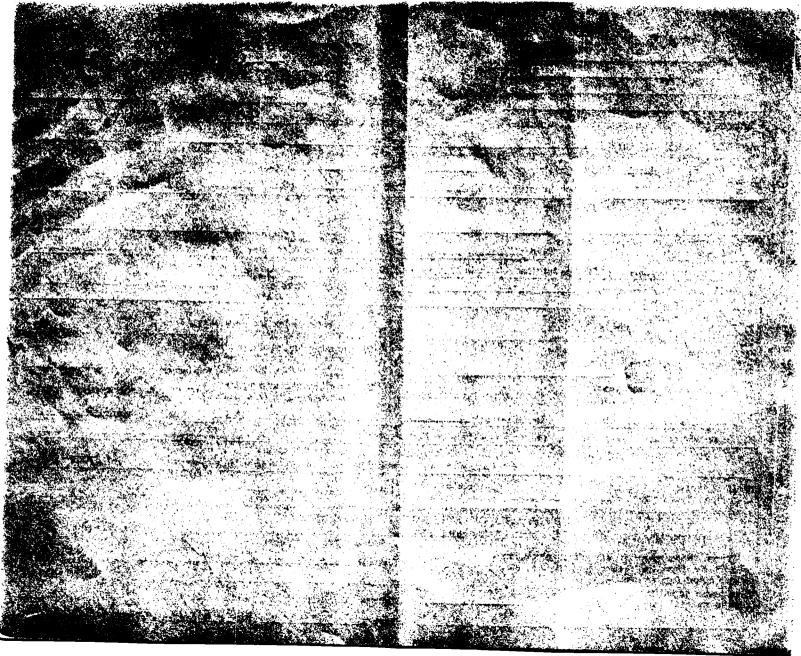
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE		ER STATEMENTS BY PHYSICIAN	

1. PLACE OF BIRTH	RECEIVED SPATE OF IDARO DEPARTMENT OF PUBLIC WELFARE 1039 BUREAU OF VITAL STATISTICS C 220642
City of Deary	RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 1039 BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE CERTIFICATE OF BIRTH
NoStRegi	istration District No
	n. Registration District No. 1011 Local Registrar's No. 576
8. Sex births 5. Number, in order of birth	Dirthulandari
18. Full FATHER name Charles alvin Whiteam	b 18. Full MOTHER maiden name annas Marie Nelson
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State). Deary Scale
11. Color or race while 12. Age at last birthday 2	(years) 20. Color or race (years)
13. Birthplace (city or place). Kenduck of de (State or Country)	(2000)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (year	rs) spent 0 25. Date (month and year) last engaged in this work 26. Total time (years) spent
Movember, 1938 in this work &	
27. What prophylactic was used to prevent Ophthalm	Kia Neonatorum?
28. Number of children of this mother (At time of (a) Born aliv	ve and now living
29. If stillborn, period of gestation 7 months or we	hs seeks 30. Cause of stillbirth toyenned During labor.
CERTIFICATE OF AT	FIENDING PHYSICIAN OR MIDWIFE  at
I hereby certify that I attended the birth of this chil	(Born Alive of Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) Com Klaarn Midwift
Give name added from a supplemental report	Address Mosern Odolf. La
(Date of)	Filed 6-6, 198 9 Dany in bound
Rogist	



CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

DEATH

1. PLACE OF DEATH  LETEIL  County of DEATH  LETEIL  COUNTY OF IDAHO — DI  REGISTRATION  REGISTRATION  REGISTRATION	VISION OF PUBLIC HEALTH TE OF DEATH Registered No
County of Deary Registration City of Deary Primary Reg.  Local Registration (Home, Hospital or Institution)	Dist. No. 6.7 If death occurred in hospital or institution give its name instead of street and number.
Length of residence in County where death occurred	How long in U. S. If of foreign birth?
2. FULL NAME Saby Whitcomb (Stillbirth (a) Residence: Deary Idaho	(If non-resident give city or county and state)
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. MALE	
FEMALE Yellow, Red or Divorced (write the word) Female white Single  5a. If married, widowed, or divorced Husband of (or) Wife of	22. I HEREBY CERTIFY, That I attended deceased from  24 1939, to  1 last saw h alive on 19 Death is said
6. Date of Birth (Month, day and year) May 24, 1939  7. AGE Years Months Days If less than 1 day hrs	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:    Yr.   Mo.   Day
8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked   11. Total time (yrs.) spent in at this occupation (month	Copamia & pregrama
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)	Contributory causes of importance not related to principal causes
Deary, Idaho	
13. NAME 11111 WALL GOING 14. BIRTHPLACE (City or Town, County and State, or Country)  Renacica, Juano	Where was disease first diagnosed? date of operation date of
Nematick, Idaho	Condition for which performed
5 15. MAIDEN NAME Marie Relson	What test confirmed diagnosis?
15. MAIDEN NAME Marie Lelson 16. BIRTHPLACE (City or Town, County and State, or Country)  Harvard, Lucho	Was there an autopsy? Was there an inquest? 23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF Whitermy	(Check) Accident—Suicide—Homicide? Date of injury
(Address) Deary, Idaho 18. BURIAL, CREMATION OR REMOVAL Burial	
Place HETVECD Date May 261939	Manner of injury
19. UNDERTAKER TOUTH Short	Nature of injury
(Address) 1.50 SCOW	deceased?
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	(SIGNED) Sommy Xlagrum M. D.
On G-G 1939 Registrar	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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TOTAL A TOTAL TO

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		

RECEIVED STATE OF IDAHO In case of more than in order of birth stated. PLACE OF BIRTH JUN 12 1939 DEPARTMENT OF PUBLIC WELFARE County of .... DURBAU OF VITAL STATISTICS City of ma **28064**3 CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_ & \_\_\_ State File No. \_\_\_\_ (If born in hospital or institu-Prim. Registration District No. 10/1 Local Registrar's No. 575 tion give name.) 2. FULL NAME OF CHILD ...... N. B.-4. Twin, triplet, or other....... 8. Premature. 7. Legiti-8. Date of ff plural 3. Sex // birth..... hirtha 5. Number, in order of birth..... Full term.L. mate? RECORD. MOTHER 18. Full FATHER 9. Full maiden / name 10. Residence (usual place of abode) # 2 19. Residence (usual place of abode) (If non-resident, give place and State)..... (If non-resident, give place and State)..... PERMANENT 11. Color or race W | 12. Age at last birthday 27. (years) 22. Birthplace (city or place) Massaut. 13. Birthplace (city or place). (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, 4 24. Industry or business in which made work was done, as own home, lawyer's office, silk mill, etc. ...... 25. Date (month and year) last engaged in this work 26. Total time (years) spent ě INK must 5-30 1939 in this work (Q. a.d. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNITADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (Y...b) Born alive but now dead......(c) Stillborn Before labor..... months WITH UNF a Separate 10. Cause of stillbirth. 29. If stillborn, During labor ..... period of gestation...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stillborn at 1.45 m. on the date above stated. When there was no attending physician ! (Signed) .... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... 폏 (Date of) Registrar.

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1. PLACE OF DEATH  County of Latah  County of OFCOW  Registration	VISION OF PUBLIC HEALTH  Registered No. 114575
Lone 2t. #2 Local Registr	Dist. No. 6 If death occurred in hospital or institution give its name instead of street and number.
(Home, Hospital or Institution)  Length of residence in County Wirs. Mos. Days where death occurred	How long in U. S. if of foreign Yrs. Mos. Days birth?
2. FULL NAME Stilloidth Druge (a) Residence: Rt. FE	
	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS  3. MALE	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month, day and year) Lay 31, 1939
5a. If married, widowed, or divorced (write the word) Husband of (or) Wife of  6. Date of Birth (Month, day and year) May ol, 1.2.7  7. AGE  Years Months Days If less than 1 day	22. I HEREBY CERTIFY, That I attended deceased from  1 last saw Death is said to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:  Yr. Mo. Day
8. Trade, profession, or particular kind of work done 9. Industry or business in which work was done	Sulkan
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  13. CEGOW, Idaho	Contributory causes of importance not related to principle causes 3
13. NAME HOBERT Kelso Bruce 14. BIRTHPLACE (City or Town, County and State, or Country) LIOSCOW, Ideho	Where was disease first diagnosed?  Name of operation date of Condition for which performed
15. MAIDEN NAME Ruth Louise helder 16. BIRTHPLACE (City or Town, County and State, or Country) 16. BIRTHPLACE (City or Town, Louise helder 16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? Was there an inquest? Was
17. SIGNATURE OF Hotan & Helso Bruce  (Address) LOSGOW Life St. 2	23. If death was due to external causes, fill in also the following (Check) Accident—Suicide—Homicide? Date of injury.  Where did injury occur?  (Specify city or town, county and state)
18. BURIAL JOSCOW Date 5/31 10.39  18. UNDERTAKER W.P. School	Nature of injury
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	24. Was disease or injury in any way related to occupation of deceased? If so, specify
on 6-9 1929 Parishers Registrar	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

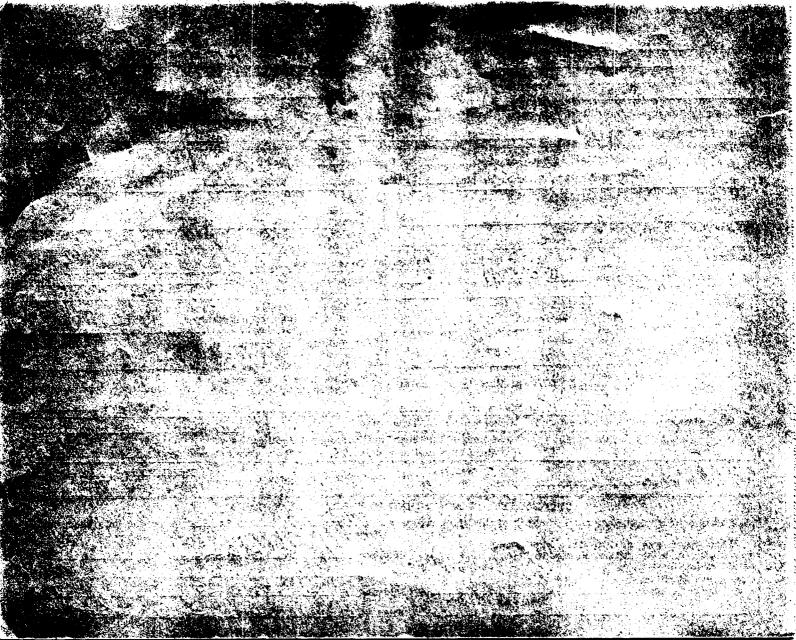
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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	!	EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance: Galistones	ce:		1 year		
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN			



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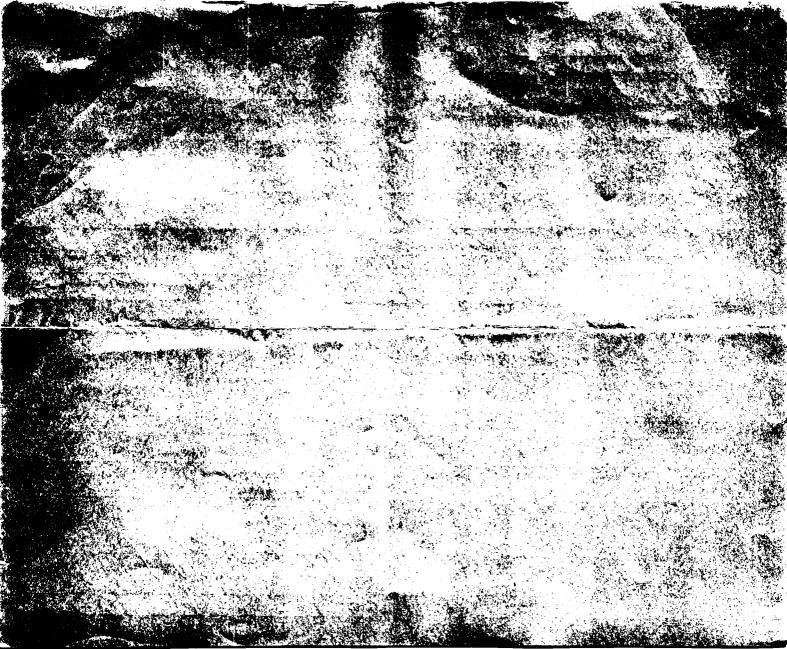
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
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PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARED O County of... BUREAU OF VITAL STATISTICS City of.... CERTIFICATE OF BIRTH Rinstation District No. \_\_\_\_State File No. . Prim. Registration District No. 2 / Local Registrar's No. (If born in hospital or institution give/name.) 2. FULL NAME OF CHILD 8. Date of 7. Legitibirth..... births 5. Number, in order of birth Full term mate? . (Month, Day, Year) PERMANENT RECOR 118. Full MOTHER FATHER maiden name 10. Residence (usual place of abode)
(If non-resident, give place and State) 19. Residence (usual place of abode) (If non-resident give place and State) 11. Color or race 7.41..... | 12. Age at last birthday 3 22. Birthplace (city or place) 13. Birthplace (city or place)... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk miles lawver's office, silk mill, etc. 25. Date (month and year) sawmill, bank, etc. 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work INK in this work /0 445 in this work..... UNFADING 27. What prophylactic was used to prevent Ophthalmia #conatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living ...... (b) Born alive but now dead ...... (c) Stillborn ..... neatule (Before labor months 29. If stillborn. The belie fleet in Wence During labor..... period of gestation..... or weeks CERTIFICATE OF ATTENDING PHASICIAN OR MIDWIFE Low at S.P. m. on the date above stated. I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report (Date of) Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Mariso information See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS DEATH 114578 CERTIFICATE OF DEATH State File No. Registration District No .... Primary Registration District No. of is very important. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Malow. ovender (a) Residence No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. RECORD. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) / 28 1937 owed or Divorced (write 22 I HEREBY CERTIFY. That I attended deceased from the word) PERMANENT 5a. If married, widowed, or divorced 193 to 193 HUSBAND of I last saw h alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at ...... m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of im-If LESS than 7. AGE Years Months Davs 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawver, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation (mo. and yr.) ..... occupation ..... should 12 BIRTHPLACE (city or town). (State or country) Name of operation Date of What test confirmed diagnosis? ..... Was there an 13. NAME 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: supplied. Accident, suicide, or homicide? ..... Date of injury..... 15. MAIDEN NAME 193..... Where did injury occur?..... 16. BIRTHPLACE (city pro (Specify city or town, county, and state) (State or count Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address) Manner of injury.... 18. BURIAL, CREMA Nature of injury 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? If so, specify..... (Address) (Signed) ..... (Address

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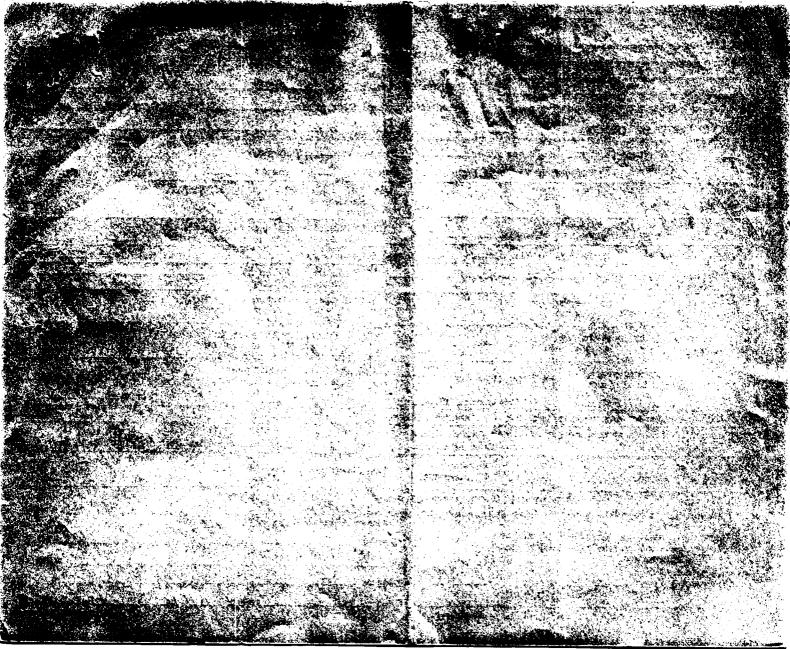
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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DEPARTMENT OF PUBLIC WELFARE County of FBN 12 1931 BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. Registration District No. State File No. \_ Prim. Registration District No. 2178 Local Registrar's No. 8 (If born in hospital or institution give hame 2. FULL NAME OF CHILD. 8. Date of Premature 4 If plural (4. Twin, triplet or other... birth. 5. Number, in order of birth Full term. (Month, Day, Year) MOTHER 18. Full FATHER maiden name Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident) give place and states (If non-resident, give place and state) | 12. Age at last birthday. 20. Color or race | 21 Age at last birtidg 22. Birthplace (city or place) I 13. Birthplace (city or place)...... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper/ kind of work done, as spinned sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work ust be in this work.... in this work.... UNFADING 27. What prophylactic was used to prevent Ophthalmid Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. ..... (b) Born alive but now dead ...... (c) Stillborn. months 29. If stillborn. 30. Cause of Stillbirth . period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSIC m. on the date above stated. I hereby certify that I attended the birth of this child, who was (Born Alive or Stiffens When there was no attending physician \ (Signed) .. or midwife, then the father, householder, etc., should make this return. Midwife Give name added from Address WRITE a supplemental report...... (Date of) Registrar.



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3 2 3 '			a Va La	d in a hospita	l of institution g	ive its name instead	of street and number)	
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<b>45</b>			AL AND STATIST				CAL CERTIFICATE OF DEA	
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BINDING A PERM stated EX/ erly classif	5a. I	f married.	widowed, or divorce	MAA	f- from	C22. I HEREBY CI	ERTIFY, That I attended	deceased from
<i>2</i>	H	USBAND of WIFE	of .	_		<i></i>	, 1937, to	193
Sta Sta			RTH (month, day,	and year)	11/29	I last saw hali	ve on, 193	death is said
FOR BIN IS IS A id be state properly certificate	7. 4			Days	If LESS than		the date stated above, at	
_ 답 ㅠ _	· · ·	IGE IC		1 1	1 day hrs.	The principal cause were as follows:	e of death and related cause	
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ESER INK ICE ICE ICE ICE ICE ICE ICE ICE ICE ICE	Ē 9	. Industry of	ookkeeper, etc or business in which			2001	00000	***************************************
S t A J E	2		done, as silk mill, bank, etc					***************************************
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e ca	FA .		e or country)	11	Celac.	23. If death was du	ue to exter'l causes (violence	
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PLAINLY should b DEATH		R BIRTHP	LACE (city or town	Lews	Hollo		occur?	
			e or country)	V ove	dall			
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WEIT format		Place.	<b>A</b> *	Date 5	1/2 1939	Nature of injury		
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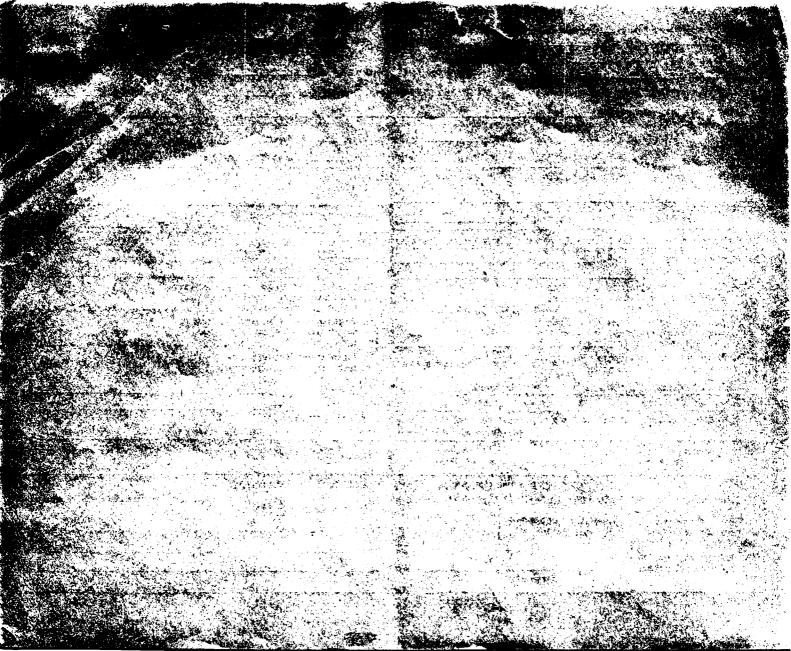
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of more than PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WILLFARE County of Ke BUREAU OF VITAL STATISTICS City of...Z CERTIFICATE OF BIRTH No. Registration District No. \_\_\_\_\_\_\_\_\_\_State File No. \_\_\_\_\_\_ case (er of (If born in hosbital or institution kive name.) 2. FULL NAME OF CHILD 8. Date of Premature. 7. Legiti-If plural 4. Twin, triplet, or other..... C. Z. 2. birth 5- 4births A PERMANENT RECORD. 5. Number, in order of birth..... Full term..... mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name number maiden name 10. Residence (usual place of abode) Ital Courte ( 19. Residence (usual place of abode) The Cente Ba (If non-resident, give place and State) (If non-resident, give place and State). 11. Color or race 2. | 12. Age at last birthday 26 (years) 20. Color or race Ludity 21. Age at last birthday. 52 (years) 22. Birthplace (city or place) Southwich 13. Birthplace (city or place). (State or Country) (State or Country) each. 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner; sawyer, bookkeeper, etc. facen e e 24. Industry or business is work was done, as own lawyer's office, silk mill 25. Date (month in the say) 24. Industry or business in which -THIS work was done, as own home, work was done, as silk mill. sawmill, bank, etc. lawyer's office, silk mill, etc. 17. Total time (years) spent be 26. Total time (years) spent last engaged in this work last engaged in this work WITH UNFAUING INK-Separate Return must be in this work. in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 99 20 17 (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillborn .... Before labor..... 29. If stillborn, period of gestation 2 months 30. Cause of Stillbirth or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 4 m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillhorn) When there was no attending physician (Signed) ... or midwife, then the father, householder, etc., should make this return. .... Midwife or ...... Give name added from Address Deca a supplemental report (Date of) Registrar. Registrar.



	PLACE OF DEATH STATE OF II	OT TO SAIDE DADE			
ttion T in	County of Nez Perge BUREAU OF VITAL	STATISTICS DO NOT WRITE IN THIS SPACE			
information DEATH in See instruc-	City of Lewiston CERTIFICATE C	[[20000]			
into DE	Registration District No	A /			
<b>-</b> E	Primary Registration Distri	ct No			
item USE o	10 1939 Primary Registration Distriction (No St Joseph's )  (No St Joseph's )	give its name instead of street and number)			
ry item o CAUSE Ol important.	2 FULL NAME Inf, Daughter Mr.&.Mrs				
	(a) Residence No. Tammany Idaho st.				
Ev Etate	(Usual place of abode) (If nonresident give city or town and state) Length of pesidence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.			
ECORI should TION	3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write	of DATE OF DEATH (month day and year) 193			
R KS	Female White the word) Single	22 I HEREBY CERTIFY, That I attended deceased from			
P I WE	5a. If married, widowed, or divorced HUSBAND of	3/4, 1937, to 5/4, 1937			
SIC	(or) WIFE of	I last saw have occurred on the date stated above, at			
BINDING RMANENT R PHYSICIANS nt of OCCUPA	6. DATE OF BIRTH (month, day, and year) 65/4/39 7. AGE Years Months Days If LESS than	II .			
A E	7. AGE Years Months Days If LESS than 1 day O hrs. or O min.	portance were as follows:			
# 7 Z #	8. Trade, profession, or particular	alimption of			
> = 4 to	kind of work done, as spinner, sawyer, bookkeeper, etc	Placestal -			
RESERVED —THIS IS A sted EXACT	kind of work done, as spinner, sawyer, bookkeeper, etc	7ms. Pregnance			
N RES NK—TE stated filed. I	saw mill, bank, etc	Other contributory causes of importance:			
NK.	ed at this occupation spent in this	Elempia			
MARGIN RESER H UNFADING INK—THIS AGE should be stated EX be properly classified. Exa	(mo. and yr.) occupation  12. BIRTHPLACE (city or town) Lewiston	- Compare			
MA DIN Jould Iy c	(State or country) Idaho	Name of operation Date of Date of			
FAU E sh oper	13. NAME E. A. McCoy	What test confirmed diagnosi			
	13. NAME E. A. MCCOY  14. BIRTHPLACE (city or town)  (State or country)  Idaho	autopsy?			
WITH plied. may be ate.	(State or country) Idaho	the following:			
	15. MAIDEN NAME Blanch Treplett	Accident, suicide, or homicide? Date of injury			
PLAINLY, refully sup so that it of certific	15. MAIDEN NAME Blanch Treplett 16. BIRTHPLACE (city or town) Southwick (State or country) Ida	Where did injury occur?			
AIN tha	(State or country) Ida	Specify whether injury occurred in industry, in home, or			
	17. INFORMANT E.Q. Mª Coy	in public place			
TE Pe cau	(Address) Tammany, Idaho.  18. BURIAL, CREMATION OR REMOVAL,	Manner of injury			
-WRITE ould be c in terms n on bac	PlaceSouthwick, Id Date 5/5/39, 193	Nature of injury 24 Was disease or injury in any way related to occupation			
	19. UNDERTAKER Assay Naula Co	of deceased? If so, specify			
Z Z	20 FILED from 8 1939 Markett Augus	(Signed) June of them D.			
	Registrar.	(Address Zentler			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

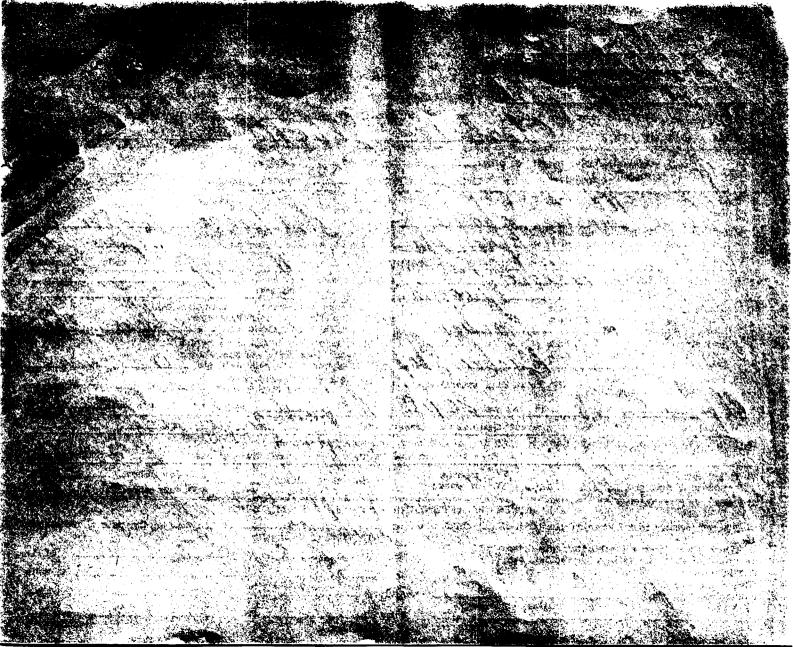
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II					
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago				
Cerebral hemorrhage	July 5, 1927		3 days ago				
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis					
		dastroenterius	1 year				
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN							
			***************************************				

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELLARD County of 2 BUREAU OF VITAL STATISTICS of more JUN: 10 1939 CERTIFICATE OF BIRTH (If born in hospital or institution live name) 16 Local Registrar's No. Prim. Registration District No. ..... 2. FULL NAME OF CHILD..... ë ë 8. Date of If plural (4. Twin, triplet, or other..... 6. Premature 425. 7. Legitieach, 3. Sex birth Made births 5. Number, in order of birth. mate? ... (Month, Day, Year) Full term..... A PERMANENT RECORD. each, and the number of each 9. Full FATHER 18. Full MOTHER maiden nam name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident give place and State) (If non-resident, give place and State 11. Color or race...... 12. Age at last birthday............. 2.7 (years) 20. Color or race 4 21. See at last birthday 3.3 (vears) 13. Birthplace (city or place) III CANIA 22. Birthplace (city or place) (State or Country) (State or Country) icropcin 23. Trade, profession, or particular kind/ 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, sawver, bookkeeper, etc. typist, nurse, clerk, etc. ...... ន្តម 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, -THIS work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. ..... 8|25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent c. last engaged in this work last engaged in this work UNFADING INKin this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ......... (At time of this birth and including this child) 28. Number of children of this mother Before labor..... months 29. If stillborn. 30. Cause of stillbisth period of gestation.... or weeks During labor..... WITH Separa CERTIFICATE OF ATTENDING PAYSICIAN OR MIDWIFE A.m. on the date above stated. ABorn Alive or Stillhown) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from RITE Address a supplemental report..... un 8 , 193 9 Mas GM - Tull (Date of) Filed ... Registrar. Registrar.



	PLACE OF DEATH STATE OF ID.	AHO					
information DEATH in See instruc-	County of Nez Perce DEPARTMENT OF PUBLISHED BUREAU OF VITAL S	DO NOT WRITE IN THIS SPACE					
rrma ATE inst	City of Lewiston CERTIFICATE O						
9 E	Registration District No	1009					
- E	Primary Registration Distriction (No. whites Hosp	t No96 Local Registrar's No					
of OF int.	(No whites Hosp	ital )					
ten SE orts	(Te double occurred in a hagnital or institution	mirro its mamo instead of street and mirror out					
ery item of CAUSE OI important.	2. FULL NAME Inf, Daughter Mrs. Ann	aootta					
	(a) Residence No. Lapwai, Idaho st.						
*	(I more sidence in about the foreign high page 1 and the f						
NENT RECORD. RCIANS should s OCCUPATION is	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.					
Sh ed	3. SEX 4. Color or Race 5. Single, Married, Wid-	21. DATE OF DEATH (month, day and year) 5-4-1939					
2 2 A	Female White owed or Divorced (write the word) Single	22 I HEREBY CERTIFY, That I attended deceased from					
OE BINDING PERMANENT B 7. PHYSICIANS ment of OCCUPA	5a. If married, widowed, or divorced	, 193, to, 193					
FOR BINDING PERMANENT X. PHYSICIA tement of OCCI	HUSBAND of (or) WIFE of	I last saw h alive on 193: death is said					
A KA	6. DATE OF BIRTH (month, day, and year) 5/8/1939	to have occurred on the date stated above, at 2 ? m.					
P. P	7. AGE Years Months Days If LESS than 1 day hrs.	The principal cause of death and related causes of importance were as follows:					
	or O min.	Date of onset					
	8. Trade, profession, or particular	Still-born					
VE IS AC	kind of work done, as spinner, sawyer, bookkeeper, etc						
MARGIN RESERVED FC ADING INK.—THIS IS A F should be stated EXACTLY. erly classified. Exact staten	4 man dans an aille mill	Placente marqualis					
	work was done, as silk mill, saw mill, bank, etc						
N RES	10. Date deceased last work- ed at this occupation   11. Total time (years)	Other contributory causes of importance:					
H N S H	(mo and vr.) occupation						
MARGIN ADING INI should be si erly classifi	12. BIRTHPLACE (city or town) Lewiston, (State or country) Idaho.						
	(State or country) Idaho.	Name of operation Date of					
FA.	13. NAME Ser. Sabotta	What test confirmed diagnosis?					
UNF.		autopsy?					
<b>⊞</b>	13. NAME Deo. Sabotta  14. BIRTHPLACE (city or town) (State or country)	23. If death was due to exter'l causes (violence) fill in also the following:					
LX, WITH supplied. ; it may be tificate.		Accident, suicide, or homicide? Date of injury					
fice	15. MAIDEN NAME Ann Sulser	193					
PLAINLY, Wr refully supplies so that it may of certificate.	15. MAIDEN NAME Ann Prices  16. BIRTHPLACE (city or town) Service (State on country)	Where did injury occur?					
A H H S		Specify whether injury occurred in industry, in home, or					
	17. INFORMANT Solution	in public place					
RITE P   be car terms, i	(Address) Z Africa Odshi	Manner of injury					
医二苯基	Place Date 5 193.	Nature of injury					
3.—W. should plain tion o	19. UNDERTAKER Varage - Rawle Con	24 Was disease or injury in any way related to occupation					
<sup>F</sup>	(Address) Lewiston, Idano.	of deceased? No If so specify.					
Ż	20. FILEIGENE 8 , 1989 Market Lucy MA	(Signed)					
	Registrar.	(Address Augusta)					

N RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

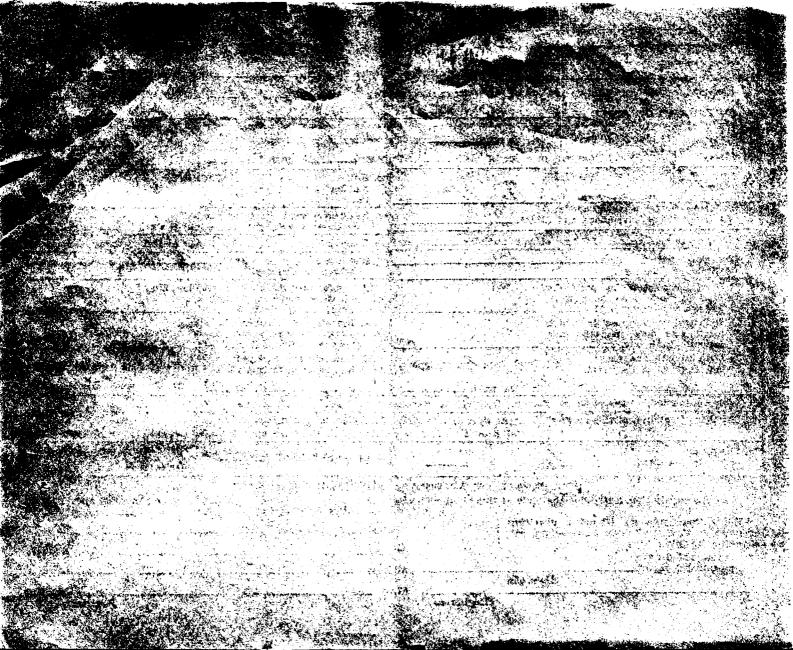
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		4.3	

PLACE OF BIRTH ST. TO THE REAL PROPERTY. County of Ma DEPARTMENT OF PUBLIC WHEN AND 10N 10 1939 of more BUREAU OF VITAL STATISTICS City of Le CERTIFICATE OF BIRTH No. 1009 State File No. Registration District No. case eler of (If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. 2. FULL NAME OF CHILD.... 8. Date of 3. Sex Male If plural [4. Twin, triplet, or other...... 6. Premature 7. Legiti-PERMANENT RECORD. N. ch, and the number of each, birth 4-30- 1085 births 5. Number, in order of birth..... Full term..... mate? (Month, Day, Year) 9. Full 1 FATHER 18. Full MOTHER name maiden 10 name Lucquet 10. Residence (usual place of abode) 19. Residence (usual place of abode) Levene L (If non-resident, give place and State)..... 11. Color or race that | 12. Age at last birthday 25 (years) | 20. Color or race | 21. Age at last birthday (years) 13. Birthplace (city or place) Renewatawa Ore 22. Birthplace (city or place). (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. typist, nurse, clerk, etc. S E 15. Industry or business in which 24. Industry or business in which ust be made f work was done, as silk mill. work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work must in this work. 3 select ut Helent 1939 in this work. 3 cal WITH UNFADING Separate Return m 27. What prophylactic was used to prevent Ophthalmia Neonatorum? A 7 16 17 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillbern 30. Cause of Stillbirth Lunding Before labor. 29. If stillborn, months on wooled During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... In mg on the date above stated. PLAINLY d at birth a (Born Alive or Stillborn) When there was no attending physician -(Signed) or midwife, then the father, householder, etc., should make this return, Give name added from WRITE one child a supplemental report..... Address ..... (Date of) Registrar.



PLACE OF DEATH STATE OF IDAHO information DEATH in DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE See instruc-County of Nezperce BUREAU OF VITAL STATISTICS-Lewiston CERTIFICATE OF DEATH City of JUN 10 1439 Registration District No. /009 Primary Registration District No. 96 Local Registrar's No..... is very important. (No. St. Joseph Hospital )
(If death occurred in a hospital or institution, give its name instead of street and number) 2 FILL NAME James Bernard Goodh. St. Genesee, Ideno. (If nonresident give city or town and state) state (Usual place of abode) (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married. Wid-3 SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) owed or Divorced (write 22 I HERERY CERTIFY. That I attended deceased from Male White to the Sa. If married, widowed, or divorced the word) 30 1939 to 5/30 1939 HUSBAND of I last saw h...... alive on 193.....: death is said (or) WIFE of to have occurred on the date stated above. at..... m. 6 DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of im-Months Days 7. AGE Years 1 day ..... hrs. portance were as follows: Date of onset Still Born or ..... min. 8. Trade, profession, or particular kind of work done, as spinner. sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) 10 Date deceased last worked at this occupation spent in this occupation ..... (mo. and yr.) ..... Lewiston should 12. BIRTHPLACE (city or town)... (State or country) Idaho Name of operation Date of What test confirmed diagnosis? ..... Was there an FATHER 13. NAME Thomas S. Gooch, Jr. autopsy?..... 14. BIRTHPLACE (city or town) Uniontown 23. If death was due to exter'l causes (violence) fill in also (State or country) Washington the following: 15. MAIDEN NAME Elaine Brown Where did injury occur? 16. BIRTHPLACE (city or town)..... (Specify city or town, county, and state) be carefully (State or country) Sweden Specify whether injury occurred in industry, in home, or 17. INFORMANT Thomas in public place (Address) plain terms, Genesel Manner of injury.... 18. BURIAL, CREMATION Nature of injury..... Place Lewiston 1deate 5/3] 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?.... (Address). (Signed) ..

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	·
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1 PLACE OF BIRTH STATE OF IDAGO County of Shoshone DEPARTMENT OF PUBLIC WILLIAM BURBAU OF VITAL STATISTICS City of Wallace 1 1333 280651 CERTIFICATE OF BIRTH No Canvon Avenue Providence Hospita Registration District No. .... State File No. .... (If born in hospital or institu-Prim. Registration District No. 1011 Local Registrar's No. 50 tion give name.) Baby Boy Wright 2. FULL NAME OF CHILD .. N. N. B. 4. Twin, triplet, or other...... 6. Premature 2 7. Legiti-If plural 8. Date of 3. Sex birth April 28 100 9 births mate? yes male 5. Number, in order of birth..... Full term... (Month, Day, Year) RECORD. 9. Full FATHER 18. Full MOTHER maiden name Samuel W. Wright Ada Smith nama 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg (If non-resident, give place and State). Kellogg PERMANENT 11. Color or race. 1 12. Age at last birthday 51 (years) 20. Color or race... W | 21. Age at last birthday 32 (years 22. Birthplace (city or place) Souri 13. Birthplace (city or place)...... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, sawyer, bookkeeper, etc Miner CUPATION INK-THIS IS A must be made for typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill, hwf. Sunshine lawyer's office, silk mill, etc. ...... sawmill, bank, etc..... last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent 16. Date (month and year) in this work 10 yrs. in this work 22 yrs ...... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother 5 (At time of this birth and including this child) months or weeks 80. Cause of stillbirth Toxemia of Pragnance Before labor. 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 5:20n, on the date above stated. I hereby certify that I attended the birth of this child, who was... When there was no attending physician ! or midwife, then the father, heuseholder, etc. should make this return. Give name added from Address Mallaci Ome Registrar.

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WHAT WE HAVE DE days habit she Party Inches

1. PLACE OF DEATH	TE OF DEATH	Registered No
Mity of Marinary Reg	Dist. No. 70 Dist. No. 7011 ar's No. 47	alve the name Instead of
Length of residence in County Yrs. Mos. Days where death occurred	How long in U. S. If of foreign birth?	Yrs. Mos. Days
2. FULL NAME Sary // Sught (a) Residence:		
(a) Mesidence.	(If non-resident give city or	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH F
3. MALE 4. White, Black, 5. Single, Married, Widowed, Yellow, Red or Divorced (write the word)	21. DATE OF DEATH (month, day and year) 22. I HEREBY CERTIFY, That I at	tended deceased from
5a. If married, widowed, or divorced Husband of (or) Wife of	I last saw h alive on	
6. Date of Birth (Month, day and year) Wil 28-1939    Years   Months / Days   If less than 1 day	to have occurred on the date stated a The principal cause of death and causes of importance in order of ons	5 20 P m
7. AGE O hrs. min.  8. Trade, profession, or particular kind of work done	Still have as	related Date of Onset Yr. Mo. Day
9. Industry or business in which work was done	Toxemia of Pres	nencu
10. Date deceased last worked at this occupation (month and year)	Contributory causes of importance no	
12. BIRTHPLACE (City or Town, County and State, or Country)	related to principal causes	)t
13. NAME S. Ward Wight	Where was disease first diagnosed?	
14. BIRTHPLACE (CMy or Town, County and State, or Country)	,	date of
15. MAIDEN NAME (Adu) Smith	Condition for which performed	
16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? NO Was	
17. SIGNATURE OF 5 March Warshit	23. If death was due to external cau (Check) Accident—Suicide—Homicide	
(Address) Kellogg, Iku	1	or town, county and state)
18. BURIAL CHEMATION OF REMOVAL Place  Place  Date  Date  Place	Check whether injury occurred in ind Manner of injury	lustry home public place
19. UNDERTAKER . however	Nature of injury	way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased? Pr so, specify	
mund 1989 by Johna Bean	(SIGNED) ATTACH	Jolaho M. D.
Date) Registrar	/	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

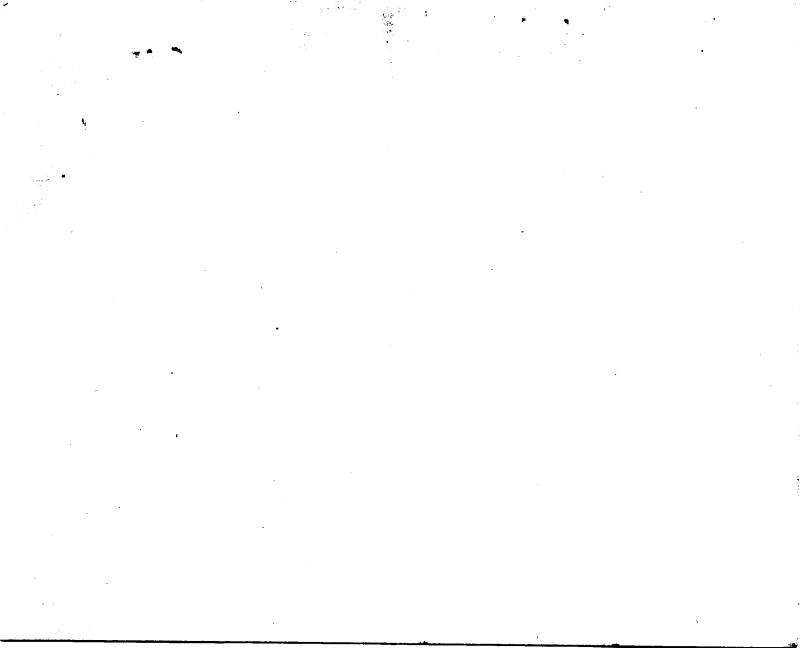
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker." "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	•		

PECENE CE OF BIRTH TE OF IDAHO DEPARTMENT OF PUBLIC WILLIAM 7 1939 County BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No. . Prim. Registration District No. \_\_\_\_\_\_\_Local Registrar's No. \_\_\_\_ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD / Zalus Sunder 2 8. Date of If plural (4. Twin, triplet, or other.... 6. Premature\_ 7. Legitibirth May 12 3. Sex/ births Full term 100 mate? 4 5. Number, in order of birth... (Month, Day, Year 18. Full 9. Full FATHER name maiden number name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If/mon-resident, give place and State) / Sellra (If non-resident, give place and State) 12. Age at last birthday (years) 20. Color or race 21. Age at last birthday (years) 11. Color or race 13. Birthplace (city or place)...\_ 22. Birthplace (city or place)..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular . kind of work done, as spinner, Munica of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, L sawmill, bank, etc. ..... lawyer's office, silk mill, etc. . 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work ust be in this works 2 4 in this work... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ....... 28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living....... (b) Born alive but now dead....... (c) Stillborn.... PRELADSE D Refore labor 29. If stillborn, months 30. Cause of stillbirth. period of gestation\_\_\_\_\_ or weeks During labor .... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 15 at/27.m. on the date above stated. I hereby certify that I attended the birth of this child, who was... (Born Alive or Sail When there was no attending physician (Signed) ... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report... (Date of) Rogistrar.



	Length of residence in County	Yrs.	Mos.	Days
permanent record	2. FULL NAME  (a) Residence:  PERSONAL AND STATIS  3. MALE FEMALE 5a. If married, widowed, or divorce	STICAL PA	ARTICULA Married	RS I, Widowed
is a	Husband of (or) Wife of  6. Date of Birth (Month, day and year)  7. AGE Years Months I	M - / 7	If less the	oin. O
Ink— ns on	8. Trade, profession, or partice 9. Industry or business in who 10. Date deceased last worked at this occupation (month and year)	ich work v	vas done l time (yr occupation	s.) spent
y with Unfading Read Explanatio	12. BIRTHPLACE (City or Town.  13. NAME Jun  14. BIRTHPLACE (City or Town.  14. BIRTHPLACE (City or Town.	us des	and State,	
Write Plainly with Read	15. MAIDEN NAME (15. BIRTHPLACE (City or Town INFORMANT)	Man County	and State,	or Country
<b>&gt;</b>	18. BURIAN Place  19. UNDERTAKER	ver (	War.	1/2,3
	./	/ ~ /	111. 1 1	<b></b> .

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

1. PLACE OF DEATH

	TE OF DEATH  Registered No
Registration Primary Reg	Dist. No. 70 If death occurred in hospital or institution give its name instead of street and number.
(on) (rs. Mos. Days	How long in U. S. If of foreign Yrs. Mos. Days birth?
Juster 12de.	
	(If non-resident give city or county and state)
AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. Single, Married, Widowed, r Divorced (write the word)	(month, day and year)
surge	22. I HEREBY CERTIFY, That I attended deceased from
	1919
	I last saw h alive on19 Death is said
12-1930	to have occurred on the date stated above, at 12.2 A. m
If less than 1 day	to have occurred on the date stated above, at  The principal cause of death and related causes of importance in order of onset were    Date of Onset   Yr.   Mo.   Day
hrs. e min. o	as follows:
ind of work done	
<u></u>	PROLOPSE OF CORD
ork was done	with compression 1939 5 11
Total time (yrs.) spent in	i
this occupation	Contributory causes of importance not
A Charles on Country	related to principal causes
nty and State, or Country)	'
whi.	
din	Where was disease first diagnosed?
ounty and State, or Country)	Name of operation date of
wont.	Condition for which performed
	1
ounty and State, or Country	What test confirmed diagnosis?  Was there an autopsy?
- · <i>J</i>	
unt.	23. If death was due to external causes, fill in also the following
yder_	(Check) Accident—Suicide—Homicide? Date of injury
ola Ida:	, 19 Where did injury occur?
TAL 14	Check whether injury occurred in industry home public place
Date Way /2 1,39	Manner of injury
1 (1674)	Nature of injury
rellies Dan.	24. Was disease or injury in any way related to occupation o
AT DEPONIT TOUTED	deceased? If so, specify
AL PERMIT ISSUED	502.100 -
u a/seru	(SIGNED) M. D
Registrar	(Address) Address Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior, to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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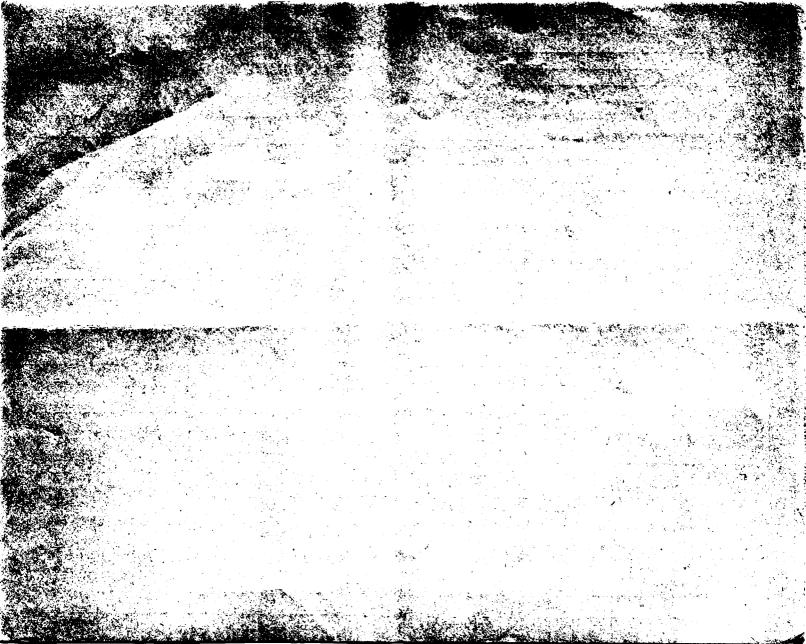
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		

RECEIVED PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE JUN 12 1939 BUREAU OF VITAL STATISTICS 280653 CERTIFICATE OF BIRTH 123 Registration District No. .... State File No. .. 220/ Local Registrar's No. L Prim. Registration District No. \_ (If born and hospital or institution give name.) Marie 2. FULL NAME OF CHILD. 8. Date of 7. Legiti-If plural (4. Twin triplet, or other.... 6. Premature\_ hirth 201 15 1989 hirths mate? 4 5. Number, in order of birth. Full term... (Month, Day, Year) MOTHER 18. Full 9. Full FATHER name maiden Wom. beaw name 10. Residence (usual place of abode) 19. Residence (dsual place of abode) (If non-resident, give place and State).... (If non-resident, give place and State) 11. Color or raced hale | 12. Age at last birthday 23. 20. Color or race Abelt | 21. Age at last birthday..... 13. Birthplace (city or place) 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which sawyer, bookkeeper, etc. 24. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc. ..... sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work. UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Before labor changele During labor conditions months 29. If stillborn. period of gestation Luch terms 30. Cause of stillbirth.... Separate or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was attell thereby (Born Alive or State) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address Della a supplemental report..... S E (Date of) Registrar



if death occurred in

Days

Death is sai

Date of Onset

Yr. | Mo. | Day

hospital or institution give its name instead of

street and number.

Mos.

Registered No.

1. PLACE OF DEATH

County of ......

City of......

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 6 - 9 198 9 by Tues Hele

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

Registration Dist. 100 /53 Primary Reg. Diet No. 520/

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If so, specify

deceased?...

(SIGNED) (Address)

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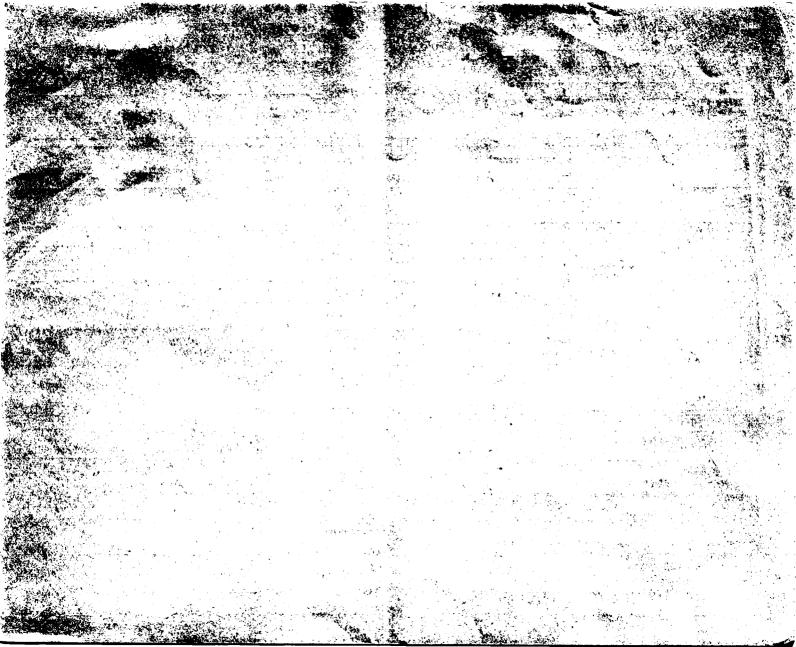
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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
		<b>.</b>	

OHACI WO M PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE Levu County of BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH No. /2 Registration District No. State File No. ..... Prim. Registration District No. 2055 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 9 8. Date of 8. Premature 405 7. Legiti-If plural 4. Twin, triplet, or other\_\_ birth. births Full term 120 5. Number, in order of birth. mate? (Month, Day, Y RECORD. 9/Hull FATHER 118. Full MOTHER name maiden and wall name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT (If non-resident, give place and State Vile Idu 11. Color or race W | 12. Age at last birthday 26 (years) 20. Color or race 121. Age at last birthday 13. Birthplace (city or place) Number 22. Birthplace (city or place)..... (State or Country) (State or Country) umas 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper. sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. \_ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. ..... lawyer's office, silk mill, etc. .. 16. Date (month and vear) 25. Date (month and year) 17. Total time (years) spent last engaged in this work last engaged in this work 26. Total time (years) spent IG INK-must be 54m. a resent 9 mi Weent 19 in this work... in this work. 27. What/prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING te Return m (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn months During labor 29. If stillborn. WITH UN Separate 30. Cause of Stillbirth ..... or weeks period of gestation..... Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 25at 10 1,11boru I hereby certify that I attended the birth of this child, who was......  $\mathcal{Q}$ , m. on the date above stated. child at him (Dorn Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report..... Address (Date of) Filed Rogistrar.

1.00 B



OF IDAHO - DIVISION OF PUBLIC HEALTH 1. PLACE OF DEATH Registered No... if death occurred in hospital or institution give its name instead of Twin Falls Primary Reg. Dist. No...... street and number. (Home, Hospital or Institution) Mos. Days Mos. Davs How long in U. S. If of foreign Length of residence in County birth? where death occurred Baby AdalineBreeding 2. FULL NAME ..... (a) Residence: .. (If non-resident give city or county and state) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH 4. White, Black, 3. MALE May 4. (month, day and year) Yellow, Red FEMALE ed deceased from 22. I HEREBY CERTIFY, That I attend Female White Single 5a. If married, widowed, or divorced Husband of (or) Wife of Death is said 6. Date of Birth to have occurred on the date stated above, at The principal cause of death and related (Month, day and year) May 4. 1939 **Date of Onset** causes of importance in order of onset were If less than 1 day Months Years Yr. | Mo. | Day as follows: 7. AGE min. 8. Trade, profession, or particular kind of work done Infant 9. Industry or business in which work was done 10. Date deceased last worked Total time (yrs.) spent in this occupation at this occupation (month Contributory causes of importance not and year) ... related to principal causes 12. BIRTHPLACE (City or Town, County and State, or Country) Twin Falls. Idaho Donald Breeding Where was disease first diagnosed? ..... 13. NAME 14. BIRTHPLACE (City or Town, County and State, or Country) Name of operation ... Hiland. Kansas Condition for which performed What test confirmed diagnosis? 15. MAIDEN NAME Vera Loriene Mattice Mothe 16. BIRTHPLACE (City or Town, County and State, or Country) Was there an inquest? Was there an autopsy?... Nebraska 23. If death was due to external causes, fill in also the following: 17. SIGNATURE OF (Check) Accident-Suicide-Homicide? Date of injury... INFORMANT OR REMOVAL Check whether injury occurred in industry... home... public place.. 18. BURIAL. CREMATION **193**9 Manner of injury . Nature of injury ...... 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) deceased? Mo If so, specify 20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

permanent record

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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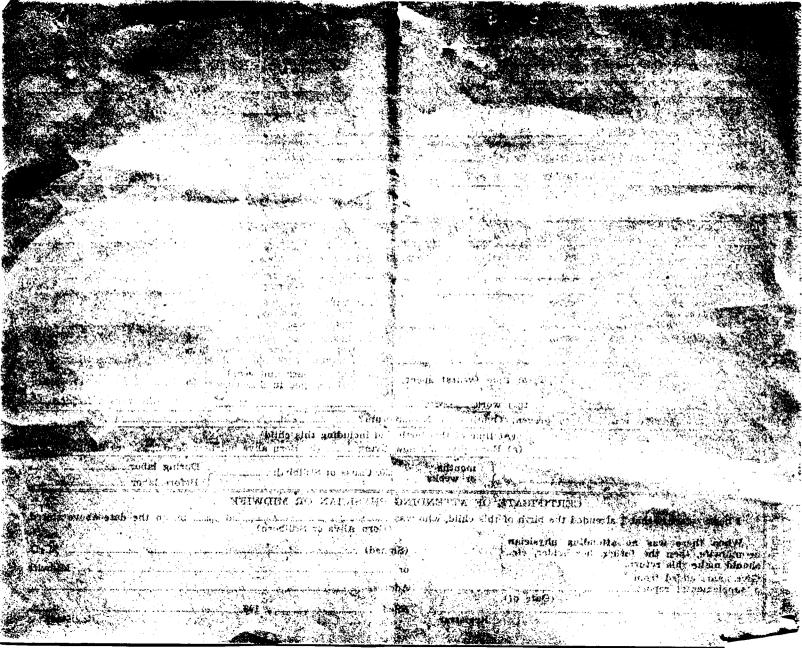
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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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EXAMPLE IT

		EXAMPLE II	
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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RECORD. Every item of PHYSICIANS should state tot statement of OCCUPA-	County of County of CERTIFICATE OF PUBLIC CERTIFICATE OF PUBLIC CERTIFICATE OF PUBLIC CERTIFICATE OF CERTIFICAT	DO NOT WRITE IN THIS SPACE 11450  F DEATH  State File No
ESERVED FOR BINDING INK—THIS IS A PERMANENT ACE should be stated EXACILY. It may be properly classified. Exa	(a) Residence, No  (Usual place of abode)  Length of residence in city or town where death occurred. yrs.Om  PERSONAL AND STATISTICAL PARTICULARS  3. SEE	St.  (If nonresident give city or town and state) nos Cas. How long in U. S., if of foreign birth? yrs. mos.  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month, day and year) 57/2 188 7  22. I HEREBY CERTIFY, That I attended deceased from May 1937, to 21/2, 192 7  I last saw 12/2 size size on 193 2/2, 192 7: death is said to have occurred on the date stated above, at 15/2, m.  The principal cause of death and related sauses of importance were as follows:  Date of cause
N. B.—WRITE PLAINLY, WITH UNFADING information should be carefully supplied.  CAUSE OF DEATH in plain terms, so that TION is very important. See instruction or	10. Date deceased last worked at this occupation (mo. and yr.)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, Charletton A Removal,  Place  19. UNDERTAKER  (Address)  1937  1948  1948  Registrar.	Name of operation.  Name of operation.  Name of operation.  Name of operation.  Date of.  What test confirmed diagnosis? Was there an autopsy?  33. If death was due to exter'l causes (vicience) fill in also the following:  Accident, suicide, or homicide?

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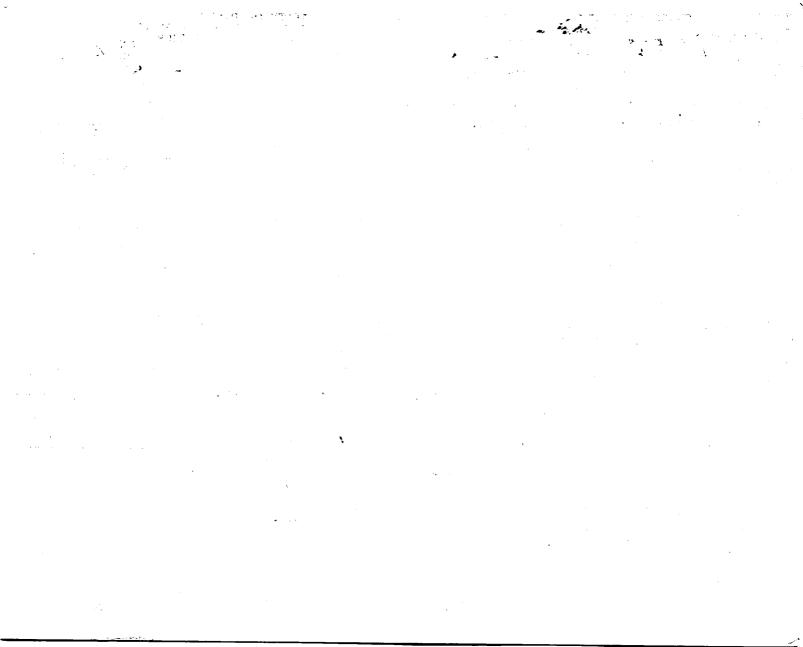
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EXAMPLE I		EXAMPLE II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTION CANORS of Investment	
		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	

Other twin born alive STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS **2**80656 City of... Registration District No. ...State File No. Prim. Registration District No. 2085 Local/Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of If plural (4. Twin, triplet, or other Maria 6. Premature 7. Legitihirth... births Male 5. Number, in order of birth 127 Full term. mate? RECORD. (Month Day, Year) 9. Full 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State) ... (If non-resident, give place and State) 11. Color or race 12 12. Age at last birthday 21 lyears 20. Color or race (19 (1) 21. Age at last birthday..../ (years) 13. Birthplace (city or place)..... 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, ausekoo. 68 sawyer, bookkeeper, etc. Struck typist, nurse, clerk, etc. \_\_\_\_\_ in S 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. .... lawyer's office, silk mill, etc. .. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work <u>6</u> in this work 5 Mosel in this work. UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillborn... Cannet ban (During labor..... 29. If stillborn. months 30. Cause of Stillbirth period of gestation..... dr-weeks Before labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN/OR MIDWIFE Am. on the date above stated. I hereby certify that I attended the birth of this child, who was.... (Born Alive or Stillbern) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Midwife Give name added from child a supplemental report..... (Date of) Registrar.



A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH	CERTIFICA	VISION OF PUBLIC HEALTH TE OF DEATH	Registered No
County of Twin Ealls City of Twin Falls Suburban Maternity (Home, Hospital or Insti	Registration Primary Reg.	Dist. No	if death occurred in hospital or institution give its name instead of
Suburban Maternity (Home, Hospital or Institu	Home Local Registr	ar's No. 121	Yrs.   Mos.   Days
Length of residence in County where death occurred	Yrs. Mos. Days O O	How long in U. S. If of foreign	Yrs. Mos. Days
2. Full NAME Gera d Con		3011 10 1000	
(a) Residence: Hazalton	, Idaho	(If non-resident give city	
PERSONAL AND STATIST	FICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. MALE FEMALE Yellow, Red White Wile White Sa. If married, widowed, or divorce	5. Single, Married, Widowed, or Divorced (write the word) Single	22. I HEREBY CERTIFY, That I	25,1939 attended deceased from May 25, 1939
Husband of (or) Wife of		I last saw h imaxx on May 2	
7. AGE O O O O O O O O O O O O O O O O O O O	hrs. min.	to have occurred on the date stated. The principal cause of death and causes of importance in order of or as follows:	
9. Industry or business in which are this occupation (month)	ch work was done  11. Total time (yrs.) spent in this occupation		
and year)		Contributory causes of importance related to principal causes	
Twin Falls, Idaho		Where was disease first diagnosed:	?
13. NAME WALTER CON	, County and State, or Country)	Name of operation	date of
Cedar Springs, Mis		Condition for which performed	· · · · · · · · · · · · · · · · · · ·
15. MAIDEN NAME Marjor 16. BIRTHPLACE (City or Town	n, County and State, or Country)	What test confirmed diagnosis?	Was there an inquest?
		23. If death was due to external of (Check) Accident—Suicide—Homic	causes, fill in also the following:
17. SIGNATURE OF MAG.		10 Where did injury	
(Address) Twin Falls 18. BURIAL, CREMATION OR RE	MOVAL	Check whether injury occurred in	industry home public place
Place Filer I.O.O.F.	CAM Date 5/25/ 1939 - Reynolds E-27	Nature of Injury	
19. UNDERTAKER AND (Address) Twin Falls		24. Was disease or injury in any deceased? If so, specify	•
20. FILED AND DURIAL OR REA	TOTAL PERMIT ISSUED	(SIGNED) a. a. A. Dew	daho M. D.
Date) Date	Register	(Address)	Marya (1971-1971-1971-1971-1971-1971-1971-1971

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

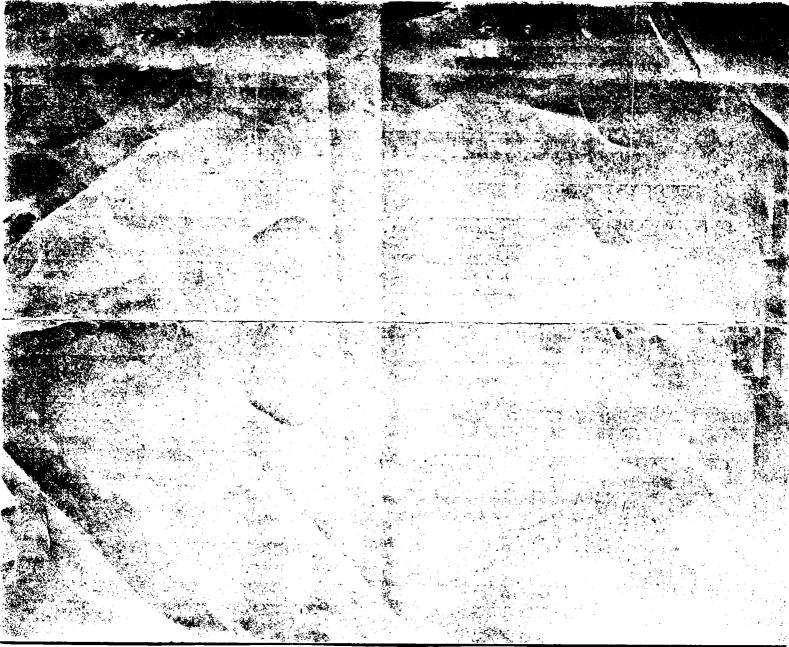
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

п

EXAMPLE 1		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Galistones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	•			
			•	



1. PLACE OF DEATH

Vallev

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

REMOVAL BEFORE Date of Onset Yr. | Mo. | Day FILED BE

Mos.

19..... Death is said

23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury......

(Specify city or town, county and state) Check whether injury occurred in industry... home... public place...

24. Was disease or injury in any way related to occupation of

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.-The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

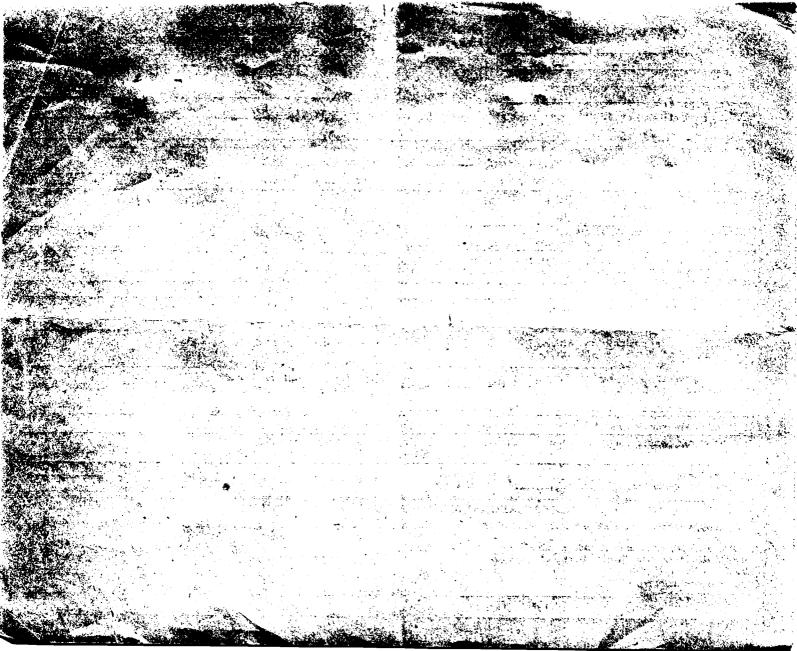
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EXAMPLE IT

EARBIT DE 1		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

312-118 011-242 **C** 2811**67** PLACE OF BIRTH STATE OF IDAHO 5 193<sup>9</sup> County of Boundary DEPARTMENT OF PUBLIC WELFARI City of Moyie Springs BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. /o/ State File No. case (er of Prim. Registration, District No. 2/1-6 Local Registrar's No. 39-55 (If born in hospital or institution give same) ord FULL NAME OF CHILD 8. Date of If plural 4. Twin, triplet, or other 6. Fremature 12. 7. Legiti-D. N. 3. Sex M birth - Une 18 1939 5. Number, in order of birth..... Full term.... mate? PERMANENT RECORD. (Month, Day, Year) 9. Full Full name Louis Tashoff MOTHER 18. Full maiden Ethel Ellen Bushow name 10. Residence (usual place of abode) (If non-resident, give place and State) Neyre Springs Ja 19. Residence (usual place of abode) (If non-resident, give place and State) Meyie Spring 3 11. Color or race | 12. Age at last birthday 47 (years) 22. Birthplace (city or place) Tray 13. Birthplace (city or place) Macedonia (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, IG INK-THIS must be made made work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work ģ 26. Total time (years) spent last engaged in this work June 1939 in this work. June 1939 in this work..... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... WITH UNFADIN Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_Q \_\_ (c) Stillborn \_\_\_\_\_ During labor breech 29. If stillborn. period of gestation 7/2 months 30. Cause of Stillbirth ..... or-weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillbarn at 1:20 Pm. on the date above stated. (Born Alive or Stillborn)\_ When there was no attending physician ? (Signed) or midwife, then the father, householder, etc., } should make this return. Give name added from a supplemental report..... (Date of) ü Registrar. Registrar.

JUN 1.4 1434 PLACE OF BIRTH OHACI TO TTATE DEPARTMENT OF PUBLIC WELFARE County of Bannock BUREAU OF VITAL STATISTICS Pocatello CERTIFICATE OF BIRTH 101 South Johnson Registration District No. \_\_\_\_\_\_20 Pocatello General Hospital State File No. Prim. Registration District No. 216 Local Registrar's No. (If born in hospital or institution give name.). 2. FULL NAME OF CHILD Mark Turner Smith 8. Date of If plural [4. Twin, triplet, or other\_\_\_\_\_\_\_ 6. Premature\_\_\_\_\_ 7. Legitibirth May 4 3. Sex births Full term. Yes mate? Yes: 5. Number, in order of birth..... (Month. Day. Year) Male RECORD MOTHER 9. Full FATHER 18. Full maiden name Charles Lester Smith name Bonnie Riezel 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) 521 So. Tenth (If non-resident, give place and State). Same 11. Color or race W | 12. Age at last birthday 30 (years) 20. Color or race W | 21. Age at last birthday 31 (years) 13. Birthplace (city or place) Hot Springs, So. Dakota 22. Birthplace (city or place) Sioux City. Iowa (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Hanager of work done, as housekeeper, Housewife. typist, nurse, clerk, etc. ... 15. Industry or business in which Coast to Coast" 24. Industry or business in which work was done, as silk mill, work was done, as own home. Wm Home Store sawmill, bank, etc. lawyer's office, silk mill, etc. .... 25. Date (month and vear) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work 2 years At Present 19 39 in this work 6 years must At Present 1939 27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_Apryrol\_20%\_\_\_\_\_ WITH UNFADING Separate Return mi 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead None (c) Stillborn...One TWO 30. Cause of stillbirth Al buminar Before labor..... 29. If stillborn. months period of gestation At Term or weeks During labor.....Yes CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 6.29 m on the date above stated. I hereby certify that I attended the birth of this child, who was Still-born đ PLAINLY d at birth a (Born Alive or Swittoorn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Give name added from WRITE Pone child Address a supplemental report..... (Date of) Filed .... Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Lame information See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH ~ State File No..... Registration District No..... Primary Registration District No. 216/ Local Registrar's No..... is very important. scalello Clareral Laxetal institution, give its name instead of street and number) (a) Residence No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 4. Color or Race 5. Single, Married. 3. SEX 21. DATE OF DEATH month day and owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the ward) 5a. If married, widowed, or divorced \_\_\_\_\_ 193\_\_\_\_ 193\_\_\_\_ 193\_\_\_\_ 193\_\_\_\_ HUSBAND of I last saw h...... alive on 193 death is said (or) WIFE of \_ S. DATE OF BIRTH (month) de to have occurred on the date stated above, at ...... m. The principal cause of death and related causes of im-Months 7. AGE A day ..... hrs. portance were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this occupation (mo. and yr.) ..... 12. BIRTHPLACE (city or town) be properly (State or country) Name of operation ...... Date of ...... What test confirmed diagnosis?..... Was there an 13. NAME autopsy?..... 14. BIRTHPLACE (city or town). 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury...... 15. MAIDEN NAME 193..... Where did injury occur?..... 16 BIRTHPLACE (city or town)... (Specify city or town, county, and state) (State or Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address Manner of injury.... 18. BURIAL, CREMAT Nature of injury..... 24 Was disease or injury in any way related to oc of deceased?.. (Address .....

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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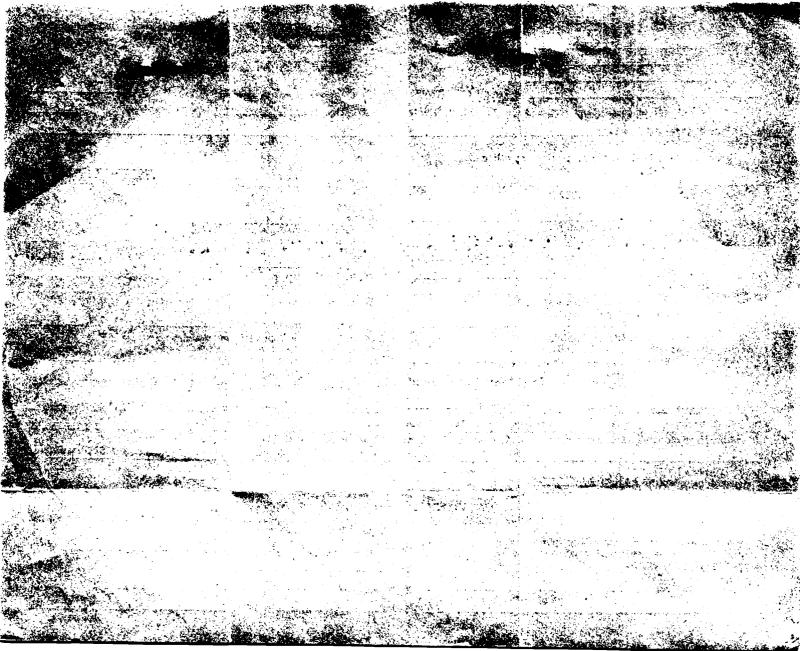
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EXAMPLE I		EXAMPLE II				
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year			
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						

1



Days

MUST BE FILED BEFORE BURIAL OR REMOVAL

# STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

I. I DAOD	or Denin		CERT	rtric &	ATE OF	DEATH	
County of	Bannock		R		Dist. No	28	
Clim of	Poca tollo	)	D,	rimery Res	r Diet No	2161	
بساسا	General Hos Lome, Hospital or Inst	inital	L	cal Regis	trar's No	115	
Q.	tome, Hospital or Inst	itution)			_		
Length W	esidence in County	Yra.	Mos.	Days	How long i	in U. S. If of foreig	gn

	occurred in
hospital or	Institution ne instead of
street and r	umber.

Mos.

Registered No.

Yrs.

С	Poc	$\mathbf{a}_{i}$	)	Р	rimary Res
	Gener برت	al Hos	anita	:1 r.	ocal Regist
	(Home, Hosp	ital or Inst			
ر ' د د د	Length desidence in wheth death occurred	County	Yra.	Mos.	Days
Ŋ	<b>-</b>			Infan	i Holt
2.	FULL NAME(a) Residence:	15	49	no	ith
-	PERSONAL AN	D STATIS	TICAL	PARTICULA	ARS
3.	MALE 4. White FEMALE Yello	te, Black, w, Red	5. Si or D	ngle, Marrie ivorced (write Acus)	d, Widowed te the word
5а	. If married, widowed Husband of (or) Wife of	, or divorc	ed		
6.	Date of Birth (Month, day and year	) Ju	ıne e	, <u>1</u> 159	
7.	AGE Years M	1		If less the	-
_	8. Trade, profession	11-101		of work do	
۶					
뀵	9. Industry or busin	ess in Whi	ch work	was done	
Occupation	10. Date deceased las at this occupation	t worked n (month	11. To	tal time (yr is occupation	s.) spent in
	and year)		Countr	and State	or Country
12	Pocatelio,		Councy	and bears,	01 0000007
		Ech S	Hol	t	
ather	13. NAME				or Country
Fat	14. BIRTHPLACE (C	liver,	Lont	iana -	or country
5	15 MATDEN NAME	Alta	<del>a Be</del> e		

(If non-resident give city or county as	d atat	~\	<del> </del>
(If non-resident give city of county as	iu stat	.e)	
MEDICAL CERTIFICATE OF DI	HTA		
21. DATE OF DEATH (month, day and year)	_ (	93	<u> </u>
23. I HEREBY CERTIFY, (Trat I attended dec			(
June - 5 - 195, to June		<u> </u>	1939
I last saw h⊀ ∧ alive on		Death	is said
	13		) m.
to have occurred on the date stated above, at The principal cause of death and related	Dat	e of O	
causes of importance in order of onset were as follows:		Mo.	
Still Butt			
Primative.			
6 mm 10 day gistin	ļ		
Contributery course of Importance not	<b>}</b>		
Contributory causes of importance not related to principal causes			
hypotenhori.			
Where was disease first diagnosed?			

16. BIRTHPLACE Spender,

Moth SIGNATURE OF INFORMANT ....

(Address) 18. BURIAL, CREMATION OR REMOVAL Place

19. UNDERTAKER Podatello (Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

	(Specify city or town, county and state)
Check whether injus	ry occurred in industry home public place.
Manner of injury	
Notice of injury	

23. If death was due to external causes, fill in also the following:

Was there an inquest?

24. Was disease or injury in any way related to occupation deceased?

(Check) Accident—Suicide—Homicide? Date of injury ... Where did injury occur?

Name of operation .

Was there an autopsy?

Condition for which performed What test confirmed diagnosis?

(SIGNED)

Read Explanations on back carefully

Write Plainly with Unfading Ink—This is a permanent record

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I

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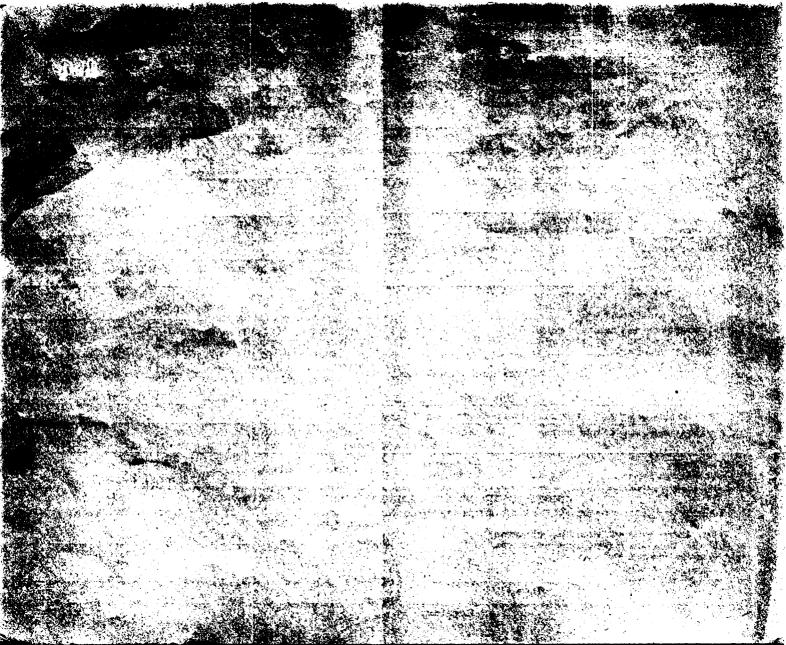
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11

EXAMPLE II

EVANILTE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	************************		
	•••••••••••	4	***************************************

of more than birth stated.	1. PLACE OF BIRTH  County of Bingham  City of Blackfoot  No. St. 1111	/ 7// NO NOTE TO THE TOTAL OF T
order of	(If born in hospital or institution give name.) Prim. Registr	Astrict No
CD. N. B. each, in		ill term the mate? Les birth 5 - 3 (Month, Day, Year)
VT RECOR	9. Full FATHER  name Cy 0 Jones  10. Residence (usual place of abode)	18. Full MOTHER maiden name Tona Blanche Robins  19. Residence (Jusual place of abode)
PERMANENT RECORD.	11. Color or race W   12. Age at last birthday 29 (years)  13. Birthplace (city or place)   370 45 n	(If non-resident, give place and State) Black foot  20. Color or race W   21. Age at last birthday 20 (years)  22. Birthplace (city or place) 13 rock 1995
for ea	(State or Country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year)	(State or Country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent
WITH UNFADING INK—THIS Separate Beturn must be made	last engaged in this work  Present, 1939  in this work	present, 1939 in this work
FADING		and including this child)  living / (b) Born alive but now dead (c) Stillborn /
TH UN	29. If stillborn, period of gestation 9 mos { months or weeks	30. Cause of Stillbirth During labor Review in a Dood clet in Pasent Before labor Reveal days
LAINLY at birth a	should make this return.  Give name added from	(Born Alive or Stillborn)  Igned)  M. D.  Midwife
WRITE P	a supplemental report	ded Jess 5 199 mo Falus & ature Begistrar.



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of vartous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had rettred
from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home.
For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer
to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms,
as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

TOSE A METOT YOUT

- 8.—The trade, profession, or paricular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

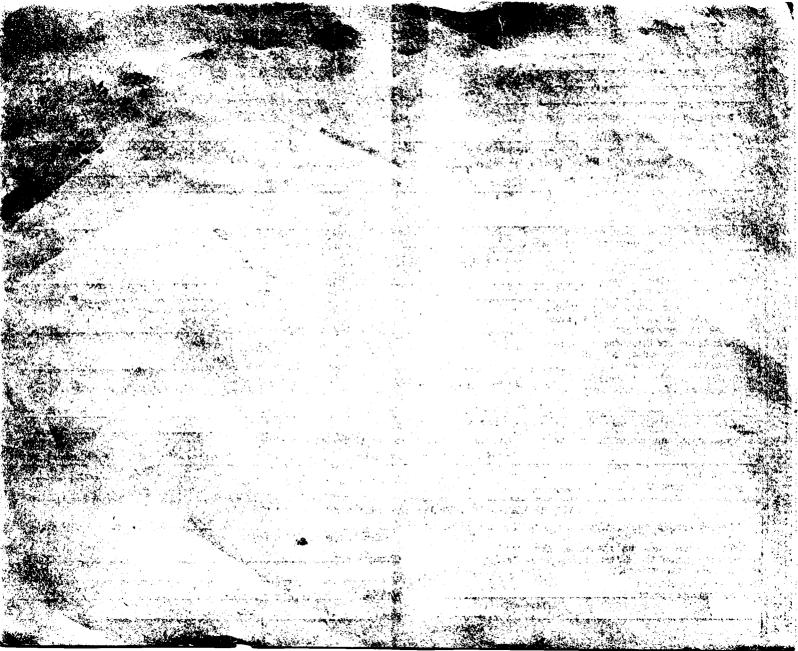
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EAAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Daf	ie of	onset
Arteriosclerosis	1915	Attack of epilepsy	1	weel	k ago
Chronic interstitial nephritis	1921	Run over by street car	1	weel	k ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3	day	s ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:			
Galistones	May 1, 1923	Gastroenteritis	;  ;	1 уе	ar
ADDITIONAL SPACE I	FOR FURT	HER STATEMENTS BY PHYSICIAN		*****	
				•••••	•••••
	••••••		•••••	*****	•••••

9 1 1. PLACE OF BIRTH	STATE OF IDAHO  STATE OF IDAHO  SUPPRESSED OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS  CERTIFICATE OF PIDEN  2010CE
County of Bonne ville	130 DEPARTMENT OF PUBLIC WELFARE
City or Idaho Falls	BUREAU OF VITAL STATISTICS
No. Memorial Dribe St.	ONDITIONALE OF PIETE TO 1009
Registration .	District No State File No
Registration :	ration District No. 2150 Local Registrar's No. 421
2. FULL NAME OF CHILD	
Z. S. Sex / births	Premature
9. Full FATHER name 10. Residence (usual place of abode) (If non-resident, give place and State) 1. Color or race	18. Full MOTHER  maiden  name  19. Residence (usual place of abode)
(If non-resident, give place and State)	(If non-resident, give place and State)
11. Color or race	20. Color or race 22. Age at last birthday 25. (years)
13. Birthplace (city or place) 1000, 194ho (State or Country)	22. Birthplace (city or place) Shelfan, Idaha (State or Country)
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, as own home, lawyer's office, silk mill, etc.
Y   last appropriate this many   10, 10th time (years), spent	25. Date (month and year) last engaged in this work  26. Total time (years) spent
27. What prophylactic was used to prevent Ophthalpia Neona	in this work
28. Number of children of this mother (At time of this birth	and including this child)
(a) Born slive and no	w living (b) Born alive but now dead (c) Stillborn
period of gestation ull term or weeks	30. Cause of stillbirth the Before labor During labor O
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE
The paraby carries that I arranded the high of this child who was	s 2/1/ boso at 5.50/m on the date above stated.
When there was no attending physician or midwife, then the father, hoseholder, etc., }	(Born Alive or Stillborn)  Signed), M. D.
should make this return.  Give name added from	F BIGWITS
	ddress Dach Lace Cela
	Gled free 6 198 9 July
Bogistrar,	Registrar,



8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  14. BIRTHPLACE (City or Town, County and State)  15. MADEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE  18. BIRTHPLACE (City or Town, County and State, or Country)  19. UNDERTAKER  19. Where was disease first diagnosed?  Where was disease fi		VISION OF PUBLIC HEALTH	glatered No.
2. FULL NAME  (a) Residence:  PERSONAL AND STATISTICAL PARTICULARS  (b) MALE  PERSONAL AND STATISTICAL PARTICULARS  (c) PERSONAL While Bleek  (d) Residence:  PERSONAL AND STATISTICAL PARTICULARS  (e) PERSONAL WHILE Bleek  (f) Core Wife of the County and State of County and State of County and State of Condition for which performed  (g) Date of Birth (Month, day and year)  (g) Date of Birth (Month, day and year)  (g) Date of Birth (Month) day and year)  (g) Date of Core Wife of the County and State of	County of City	Dist. No.	hospital or institution give its name instead of
2. FULL NAME  (a) Residence:    All	Lamento of pasidence in County Yrs. Mos. Days	LICA IOII III O. 9. II OI IOI MILI I	Yrs. Mos. Days
PERSONAL AND STATISTICAL PARTICULARS  3. MALE 3. MALE 4. White Birck 5. Single Married, Widowed Fight of County 6. Eligible 12 County 6. Diverse of High of County 7. AGE 7. AGE 9. Trade, prefeasion, or particular kind of work done 9. Industry or bisiness in which work was done 10. Date deceased last worked 11. Total time (yrs.) spent in this occupation (month) 12. BIRTHPLACE (City or Town, County and State, or County) 13. NAME 14. BIRTHPLACE (City or Town, County and State, or County) 14. BIRTHPLACE (City or Town, County and State, or County) 15. BIRTHPLACE (City or Town, County and State, or County) 16. BIRTHPLACE (City or Town, County and State, or County) 17. SIGNATURE 18. BIRTHPLACE (City or Town, County and State, or County) 18. BIRTHPLACE (City or Town, County and State, or County) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. White Birck, S. Single Married, Widowed or Divorbed (wite phe world) 22. IHEREBY CERTIFY That I attended occased from the date stated above, at the principal cause of death and related county or county and state) 21. DATE OF DEATH 21. DATE OF DEATH 22. IHEREBY CERTIFY That I attended occased from the date stated above, at the principal cause of death and related county or county and state) 22. IHEREBY CERTIFY That I attended occased from the date stated above, at the principal cause of death and related county or county and state) 23. Industry or bisiness in which work was done 24. The principal cause of death and related county or county and state) 25. Trade, prefession, or particular kind of work done 26. Trade, prefession, or particular kind of work done 27. AGE 27. AGE 28. Trade, prefession, or particular kind of work done 29. Industry or bisiness in which work was done 29. Industry or bisiness in which work was done 20. The principal cause of death and related county or county and state) 21. BIRTHPLACE (City or Town, County and State, or County) 22. INFORMANT 23. INFORMANT 24. Was there an autoposy? 25. If death was due to externa	Pris Tooley	) daho	
5. MALE  T. White Bleck or Divorced of Private word of Divorced (write the word)  10. If married, widowed, or divorced of the word of the private of the pri	(a) Residence:		county and state)
5a. If married, widowed, or divorced  (or) Wife of  5a. Date of Birth (Month, day and year)  7. AGE  7. AGE  7. AGE  9. Industry of business in which work done  9. Industry of business in which work done  10. Date deceased last worked  11. Total time (yrs.) spent in this occupation and year)  12. BIRTHFIACE (City or Toym, County and State, or Country)  14. BIRTHFIACE (City or Toym, County and State, or Country)  15. BIRTHFIACE (City or Toym, County and State, or Country)  16. BIRTHFIACE (City or Toym, County and State, or Country)  17. SIGNATURE  18. Trade, prefession, or particular kind of work done  19. Industry or business in which work was done  29. Industry or business in which work was done  20. Industry or business in which work was done  20. Industry or business in which work was done  20. Industry or business in which work was done  20. Industry or business in which work was done  20. Industry or business in which work was done  20. Industry or business in which work was done  21. BIRTHFIACE (City or Toym, County and State, or Country)  12. BIRTHFIACE (City or Toym, County and State, or Country)  13. NAME  14. BIRTHFIACE (City or Toym, County and State, or Country)  15. BIRTHFIACE (City or Toym, County and State, or Country)  16. BIRTHFIACE (City or Toym, County and State, or Country)  17. SIGNATURE  18. Was there an autopsy?  18. BURNATION OR REMOVAL  19. Where did injury occurred in industry home public place.  19. Where did injury occurred in industry home public place.  19. Where did injury occurred in industry home public place.  19. Where did injury occurred in industry home public place.  19. Where did injury occurred in industry home public place.  20. Industry or injury in any way related to occupation of injury  21. Was disease or injury in any way related to occupation of injury  22. Was disease or injury in any way related to occupation of injury  23. Was disease or injury in any way related to occupation of injury  24. Was disease or injury in any way related to occupation of injury  22. W	PERSONAL AND STATISTICAL PARTICULARS		E OF DEATH
Sa. 1f married, widowed, or divorced Husband of (or) Wife of   19. Death is said (or) Wife of   19. Death is said to have occurred on the date stated above, at the principal cause of death and related cause of death and related cause of importance in order of onset were as follows:    Sa. Trade, prefession, or particular kind of work done   10. Date deceased last worked   11. Total time (yrs.) spent in at this occupation (month)   12. BIRTHPLACE (City or Town, County and State, or Country)   14. BIRTHPLACE (City or Town, County and State, or Country)   14. BIRTHPLACE (City or Town, County and State, or Country)   15. MAIDEN NAME   16. BIRTHPLACE (City or Town, County and State, or Country)   16. BIRTHPLACE (City or Town, County and State, or Country)   17. SIGNATURE   18. BURNATURE   18. BURNATURE   19. Where was due to external causes, fill in also the following   17. SIGNATURE   18. BURNATURE   18. BURNATURE   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury occurred in industry home public place   19. Where did injury in any way related to occupation of the contract of the profession of the contract of the profession	3. MALE 4. White Black, 5. Single, Married, Widowed. Find Lib (Wellow, 1962) or Divorsed (write the word)	21. DATE OF DEATH (month, day and year)  22. I HEREBY CERTIFY. That I atte	
6. Date of Birth (Month, day and year)  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month and year)  12. BIRTHFLACE (City or Town, County and State, or County)  13. NAME  14. BIRTHFLACE (City or Town, County and State)  15. BIRTHFLACE (City or Town, County and State)  16. BIRTHFLACE (City or Town, County and State)  17. SIGNATURE Of the profession of REMOVAL  18. BURIAL REMOVAL  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. Day  11. It fold time (yrs.) spent in this occupation  10. Date deceased last worked at this occupation (month this occupation)  11. Total time (yrs.) spent in this occupation  12. BIRTHFLACE (City or Town, County and State, or County)  13. NAME  14. BIRTHFLACE (City or Town, County and State, or County)  15. BIRTHFLACE (RECONDANCE)  16. BIRTHFLACE (RECONDANCE)  17. SIGNATURE Of the profession of injury  18. BURIAL REMOVAL  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  19. Where did injury occurred in industry home public place  20. Was there an injury in any way related to occupation of injury  21. Was disease or injury in any way related to occupation of injury	5a. If married, widowed, or divorced Husband of		
7. AGE	6. Date of Birth (Month, day and year) January 30, 1939	A	
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  13. NAME Standy Cooking and State or Country  14. BIRTHPLACE (City or Town, County and State or Country)  15. MAIDEN NAME State or County and State or Country  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE Of Man. County and State, or Country  18. BURIAL GREATION OR REMOVAL  Place The Cooking of Country and State or Country  19. UNDERTAKER  19. UNDERTAKER  10. Date deceased last worked in in this occupation of this occupation (Contributory causes of importance not related to principal causes  10. Date deceased last worked in this occupation of the country of the principal causes of importance not related to principal causes  11. Total time (yra.) spent in this occupation of related to principal causes of importance not related to principal causes  12. BIRTHPLACE (City or Town, County and State, or Country)  Name of operation  Where was disease first diagnosed?  Name of operation  Was there an autopsy?  (Specify city or town, county and state)  The Contributory causes of importance not related to principal causes  Contributory causes of importance not related to principal causes  Where was disease first diagnosed?  Name of operation  (Contributory causes of importance not related to principal causes  Where was disease first diagnosed?  Name of operation  (Contributory causes of importance not related to principal causes  Where was disease first diagnosed?  Name of operation  (Contributory causes of importance not related to principal causes  (Contributory causes of importance not related to principal causes  (Contributory causes of importance not related to principal causes  (Contributory causes of importance not related to principal causes  (Con	7. AGE O O O hrs. Co min. O	causes of importance in order of onset	Were Yr. Mo. Day
10. Date deceased last worked at this occupation (month at this occupation (month at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  13. NAME Lawry T. County and State, or Country  14. BIRTHPLACE (City or Town, County and State, or Country)  15. MAIDEN NAME Lawry T. County and State, or Country  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE Of the County and State, or Country  18. BURIAL BEANT FON OR REMOVAL  Place T. Country and State, or Country  19. UNDERTAKER  11. Total time (yrs.) spent in this occupation  11. Total time (yrs.) spent in this occupation  12. Contributory causes of importance not related to principal causes  Contributory causes of importance not related to principal causes  18. NAME Lawry T. County and State, or Country  Where was disease first diagnosed?  Name of operation diagnosis?  Was there an autopsy?  19. Where did injury occurred in industry. home. public place.  Manner of injury  Nature of injury in any way related to occupation of the country in the country in any way related to occupation of the country in		Stillairth	1939 Jan 30
and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  13. NAME	9. Industry or business in which work was done	(	
12. BRTHPLACE (City or Town, County and State, or Country)    13. NAME	0   10. Date deceased last worked   11. Total time (yrs.) spent in this occupation		
Where was disease first diagnosed?  13. NAME Claudy Country and State or Country)  14. BIRTHPLACE (City or Town, County and State or Country)  15. MAIDEN NAME CLAUDY  16. BIRTHPLACE CNO or fown, County and State, or Country  17. SIGNATURE ON OR TOWN, County and State, or Country  (Address)  18. BURIAL CRENATION OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER  19. Where was disease first diagnosed?  Name of operation date of Condition for which performed  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an inquest?  23. If death was due to external causes, fill in also the following (Check) Accident—Suicide—Homicide? Date of injury  (Specify city or town, county and state)  Eheck whether injury occurred in industry. home. public place  Manner of injury  Nature of injury  19. UNDERTAKER	12. BIRTHPLACE (City or Town, County and State, or Country)	Contributory causes of importance not related to principal causes	
14. BIRTHPLACE (City or Town, County and State or Country)  15. MAIDEN NAME Of Operation	The state of the state of		
15. MAIDEN NAME Suit Land What test confirmed diagnosis?  Was there an autopsy? Was there an inquest?  Was there an autopsy? Was there an inquest?  Was there an autopsy? Was there an inquest?  33. If death was due to external causes, fill in also the following (Check) Accident—Suicide—Homicide? Date of injury  (Address) Suit Suit Suit Suit Suit Suit Suit Suit	14. BIRTHPLACE (City or Town, County and States or Country)		
16. BIRTHPLACE CLG or fown, County and State, or Country  17. SIGNATURE ON OR COUNTY AND COUNTY AND COUNTY OF THE		V	)#####################################
23. If death was due to external causes, fill in also the following (Check) Accident—Suicide—Homicide? Date of injury.  (Address) Company (Specify city or town, county and state)  18. BURIAL REMATION OR REMOVAL (Specify city or town, county and state)  Place Manner of injury (Specify city or town, county and state)  Manner of injury (Nature of injury in any way related to occupation of the county in any way related to occupation of the county in any way related to occupation of the county in any way related to occupation of the county in any way related to occupation of the county in any way related to occupation of the county in any way related to occupation of the county in any way related to occupation of the county in any way related to occupation of the county in any way related to occupation of the county in the county in any way related to occupation of the county in the county	15. MAIDEN NAME CONTROL Country and State, or Country		there are increased?
INFORMANT  (Address)  18. BURIAL CREMATION OR REMOVAL  Place  19. UNDERTAKER  19. Where did injury occur?  (Specify city or town, county and state)  Theck whether injury occurred in industry home public place  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of	- Cruelly gardy	23. If death was due to external cause	es, fill in also the following:
18. BURIAL FRANCION OR REMOVAL  Place  Manner of injury  Nature of injury  19. UNDERTAKER  19. Was disease or injury in any way related to occupation of	INFORMANT OF THE OFFICE	19 Where did injury occ	ur?
19. UNDERTAKER  Nature of injury  24. Was disease or injury in any way related to occupation of	18. BURIAL CREMATION OR REMOVAL	Check whether injury occurred in indu	
	19. UNDERTAKER	Nature of injury	ly related to occupation of
(Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  deceased? If so, specify		deceased? If so, specify	
of 1 (Date) by Confusion (Signed) (Signed) (Address) Malu Malu	Tel 1 100 hv / Luciano	9011	le M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 8.-The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

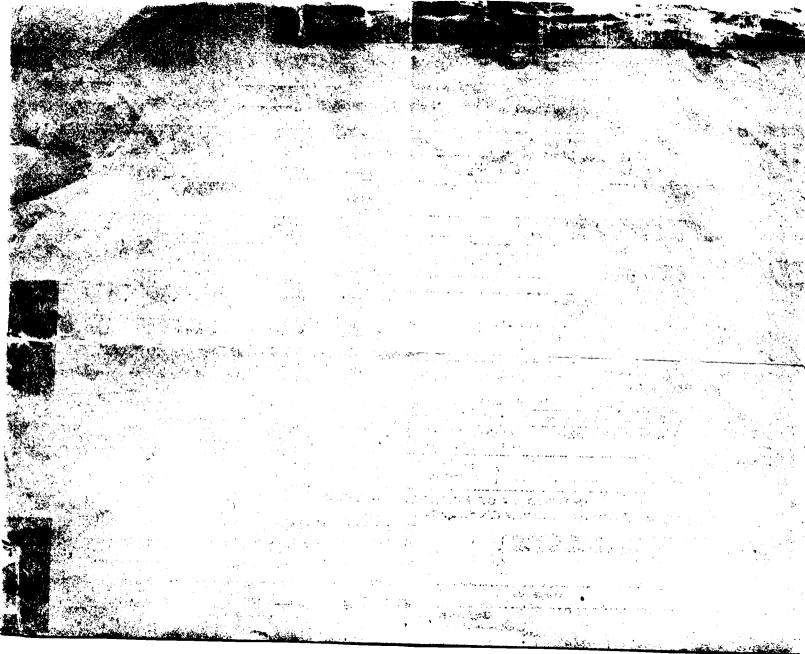
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ier statements by physician	
	***************************************		
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1. PLACE OF BIRTH	DEPARTMENT OF PUBLIC WELFARE
City of Cale Luc St. Ristration	
City of Clabs lies	CERTIFICATE OF BIRTH 281866
No St.	District No. 73 State File No.
P.D.S. Thousand Rigistration	District No.
(If born in hospital or institution give name.) Prim. Registr	ration District No. 2 / N = Local Registrar's No. 38
2. FULL NAME OF CHILD Infant . I have it	n. / Still fully)
& FULL NAME OF CHILD	8 Date of
3. Sex If plural \( \) 4. Twin, triplet, or other 6. If	Premature. 2. 7. Legiti-
	Full term mate? (Month, Day, Year)
9. Full FATHER	18. Full MOTHER
name Orain Kirth Shoernaker	maiden grancie Bestice Johnson
to Della (ornal place of chode) & Attley	10 Residence (usual place of abode)
(If non-resident, give place and State)	(If non-resident, give place and State)
11 Color or race white 12. Age at last birthday 2 4 (years	20. Color or race. 21. Age at last birthday. 23. (years)
13. Birthplace (city or place)	22 Birthplace (city or place)
(State or Country)	(State of Country)
14 Trade profession or particular	23. Trade, profession, or particular kind of work done, as housekeeper,
	typist, nurse, clerk, etc.
kind of work done, as spinner, sawyer, bookkeeper, etc.	A. II AI 94 Inditated to Diffication III which
AllIon dong on gill mill	work was done, as own home, lawyer's office, silk mill, etc.
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent	2 25 Date (month and year)
O 16. Date (month and year) 17. Total time (years) spent	last engaged in this work
May 2 19.39 in this work 1 month	man, 1939 in this work 2 was
27. What prophylactic was used to prevent Ophthalmia Neon	atorum?
(a) Born alive and no	ow living (b) Born alive but now dead (c) Stillborn
months	30 Cause of Stillbirth Jall Before labor.
29. If stillborn, period of gestation 5 months or weeks	During labor
	NG PHYSICIAN OR MIDWIFE
CERTIFICATE OF ATTENDIT	799 Lill Friday
When there was no attending physician	(Signed) To T. Culture, M. D.
or midwife, then the lather, nousenemer, etc.,	Midwife
Give name added from	Address Idaha Fulls, Idaha
a supplemental report.	
(Date of)	Filed of an 9 198 9 (Just musers
Registrar.	Registrar.
u	•



PLACE OF DEATH STATE OF IDA DEPARTMENT OF PUBLIC . LLFARE information See instruc-County of Banney DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS -DEATH CERTIFICATE OF DEATH State File No. 114168 Registration District No.... 1937 imary Registration District No. Local Registrar's No...... OCCUPATION is very important. I. J. J. Hook that - Sals Jack Res. (If death occurred in a hospital or institution, give its name instead of street and number) Baby Gil Shoemak 2. FULL NAME..... (a) Residence No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year) 193 owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) to 7774, 2 193 7 5a. If married, widowed, or divorced HUSBAND of ... 193.....: death is said I last saw h. (or) WIFE of to have occurred on the date stated above, at \_\_\_\_\_\_ m. 6. DATE OF BIRTH (month, day, and year) Way 2,1439 If LESS than The principal cause of death and related causes of im-Years Months Davs 7. AGE 1 day ..... hrs. portance were as follows: Date of onset or \_\_\_ min. 8. Trade, profession, or particular kind of work done, as spinner, PLAINLY, WITH UNFADING INK-THIS IS sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- | 11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this occupation ..... (mo, and yr.) ..... 12. BIRTHPLACE (city or town)... (State or country) Name of operation Date of 2000 What test confirmed diagnosis? Was there an 13. **NAME** autopsy? 14. BIRTHPLACE (city or town). A. 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury...... 15. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (city or town)... (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 1 INFORMANT OA in public place..... (Address) Manner of injury 18 BURIAL, CREMATION should be OR REMOVAL Nature of injury 24 Was disease or injury in any way related to occupation 19. UNDERTAKER ... 7 of deceased? If so, specify (Address) 20. FILED 193.9

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

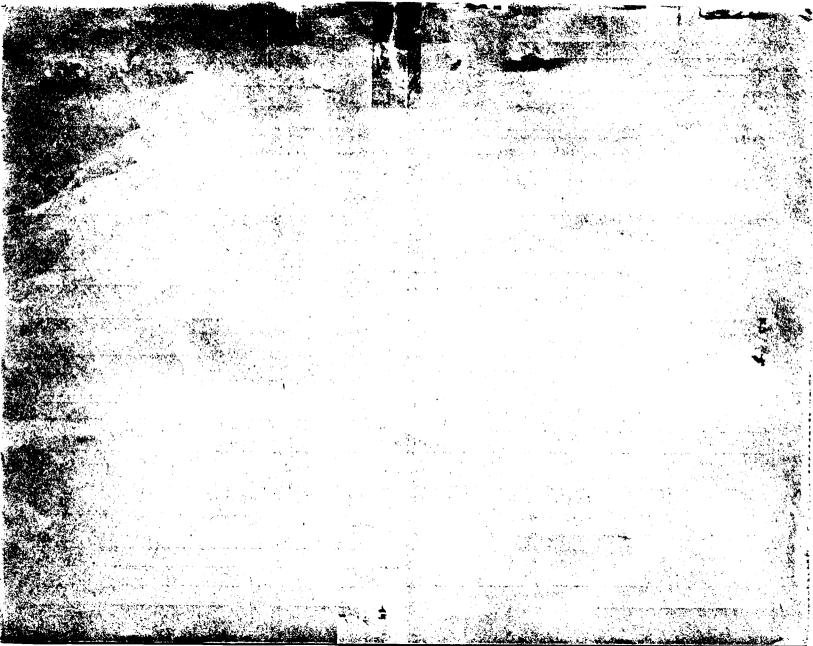
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a de la companya de l

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				



	PLACE OF DEATH STATE OF ID	1770
information DEATH in See instruc-	County of Butte DEPARTMENT OF PUBLICATION OF STREET	LIC WELFARE
information DEATH in See instruc-	City of Orco CERTIFICATE O	
info DE:	Registration District No. 6.7	0 5 -
of	Primary Registration Distric	t No. 9/29 Local Registrar's No. /
_ >	(No(If death occurred in a hospital or institution,	Give its name instead of short and analysis
5 5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<b>9</b> ~ .	(a) Residence No. More Johnson (Usual place of abode)	eo Hospital)
sta 3 V	Length of residence in city or town where death occurred.y	(If nonresident give city or town and state) rs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
ECORD should TION 1	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
73 -4	3. SEX 4. Color or Race 5. Single, Married, Widowed or Pivorced (write	21. DATE OF DEATH (month, day and year) / 193 9
	5a. If married, widowed, or divorced	22 I HEREBY CERTIFY, That I attended deceased from
BINDING RMANENT R PHYSICIANS nt of OCCUPA	HUSBAND of Orland	I last saw h alive on 193: death is said
INI IAN Of C	6. DATE OF BIRTH (month, day, and year)	
FOR BINDING PERMANENT X. PHYSICIAN tement of OCCU	7. AGE Years Months Days If LESS than 1 day hrs.	The principal cause of death and related causes of importance were as follows:
FO X. F. F. tem	seed for or min.	Still 60m Date of onset
ERVED FOUR IS A FEXACTLY.	8. Trade, profession, or particular kind of work done, as spinner,	
RESERVED —THIS IS A tted EXACT d. Exact sta	kind of work done, as spinner, sawyer, bookkeeper, etc	cause unpuoron
	work was done, as slik mill, saw mill, bank, etc	
N RES	$  \bigcirc  $ 10. Date deceased last work-   11. Total time (years)	Other contributory causes of importance:
MARGIN RESERVE UNFADING INK—THIS IS IGE should be stated EXAC properly classified. Exact #	ed at this occupation spent in this occupation	
AR NG Lid 1 Clay	12. BIRTHPLACE (city or town).	
MAB ADING should erly ch	(State or country)	Name of operation Date of
M UNFADI AGE shot properly	13. NAME Elmer B. Johnson  14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
🛰 👨	14. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in also
Hei.	(State or country) spanish of uti	the following: Accident, suicide, or homicide? Date of injury
. 🚔 🗕 🖸	15. MAIDEN NAME Lucy Wasfield	193
	6 16. BIRTHPLACE (city or town) Muray	Where did injury occur?(Specify city or town, county, and state)
LAIN) refully so that	17. INFORMANT Mus Elmer of Lines	Specify whether injury occurred in industry, in home, or
	(Address) wood Jaalio	in public place
	18. BURIAL, CREMATION OR BELLOWAL Place Date 1989	Manner of injury  Nature of injury
L.—WRITE F should be can plain terms, i		24 Was disease or injury in any way related to occupation
B.—W. should plain tion	19. UNDERTAKER (Address)	of deceased so is a so, specify
Ż	20. FILED une 3, 1939 Mary G. Dietrick	(Signed) , M. D.
	Registrar.	(Address Cles State)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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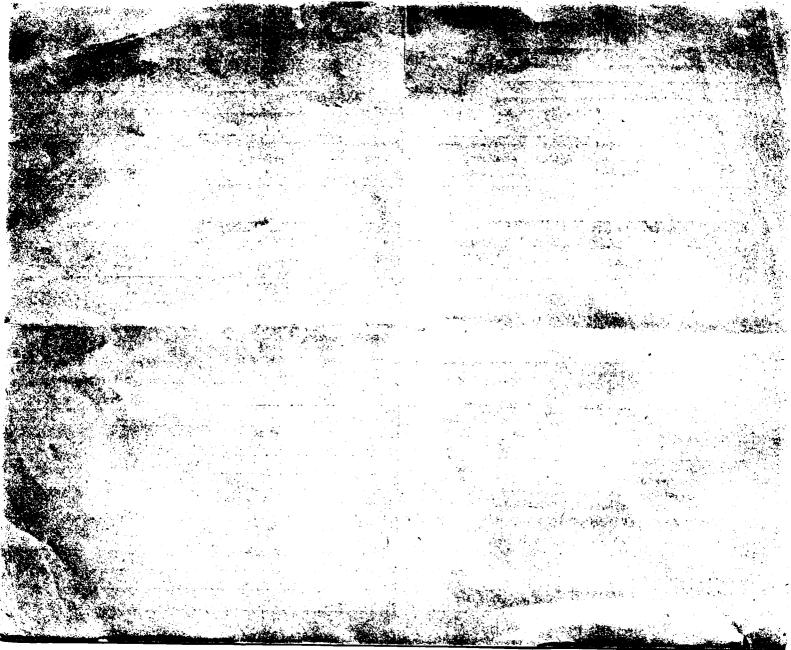
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BERTH STATE OF IDAHO FCENEU DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of .... CERTIFICATE OF BIRTH No. -Registration District No. \_\_\_\_\_\_\_ State File No. \_\_\_\_ Prim. Registration District No. 2/76 Local Registrar's No. 142 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of 6. Premature . 7. Legiti- 🚬 If plural (4. Twin, triplet, or other\_\_\_\_\_ 3. Sex " birth births 15. Number, in order of birth.... mate? Full term... (Month, Day, Year) RECORD. MOTHER 9. Full FATHER 18. Full maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT (If non-resident, give place and State)... 11. Color or race 12. Age at last birthday (years) 20. Color or race 21. Age at last birthday 10. 13. Birthplace (city or place).... 22. Birthplace (city or place)..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. .... sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, o work was done, as silk mill, sawmill, bank, etc. \_\_\_ lawyer's office, silk mill, etc. ... 5 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work R in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn During labor..... months 29. If stillborn. 30. Cause of Stillbirth period of gestation 6 month or weeks Before labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was At 130 m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address ..... WRITE one child a supplemental report Filed 7- 5- 1989 Laura & 4 (Date of) one Registrar.



PLACE OF DEATH	STATE OF ILL DEPARTMENT OF PUB	LIC WELFARE	DO NOT WRITE IN T	HIS SPACE
County of Cassia	BUREAU OF VITAL			
City of Burley	CERTIFICATE O		State File No	4970
	Registration District No			_
	rimary Registration Distriction Home	t No. 2/96	Local Registrar's No	63
1 7 15	(No. Home		)	
(If death occurre	d in a hospital or institution, g	ive its name instead	of street and number)	
2. FULL NAME Baby Ca	mpbell			
(a) Residence. No	Burley Idal	3.0	Rt	
(Usual place of abode) Length of residence in city or tow	,	(Tr nonn	agidant give city or town an	yrs, mos. ds.
PERSONAL AND STATE		.,	AL CERTIFICATE OF DEA	
	ace 5. Single, Married, Widow		utril 200	193
Male white	ed or Divorced (write the word)	·	ATH (morth, day and year)	·
5a. If married, widowed, or di	ivorced single		CERTIFY, That I attended	
HUSBAND of (or) WIFE of			, 193, to	
6. DATE OF BIRTH (month, o	day, and year)		alive on, 193 on the date stated above, a	
·	2 1939  Days If LESS tha		use of death and related ca	uses of impor-
7. AGE Years Months	S Days If LESS that 1 day, hr	tones were as	follows:	Date of onset
8. Trade, professional lbor	or mir	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
kind of work done, as a	spinner,		/·····································	
9. Industry or business in work was done, as silk in	which	•		
work was done, as silk i	mill,			
10. Date deceased last work	k. 11. Total time (years)			•
ed at this occupation (mo. and yr.)	occupation	Other contribu	ttory causes of importance:	
12. BIRTHPLACE (city or to	wn) Burley			
(State or country)	Idaho	<b>→</b>		`
13. NAME Sanford	ampbell	Name of operati	on	Date of
5 14. BIRTHPLACE (city or	town)		med diagnosis? Was ther	
(State or country)	<del></del>		due to exter'l causes (viole	
	satie Barrus		; , or homicide? Date of	
16. BIRTHPLACE (city or (State or country)	town) Idaho	arrhama ala indu	my occur?	
(bittes of country)			Specify city or town, county, injury occurred in industry,	
17. INFORMANT From the	DIFTH certifice		injury occurred in industry	
	RPMOVAL A C		ry	
18. BURIA BALLEY Ida	Date Apr 2, 193	Nature of injur	y	d to occupation
19. UNDERTAKER Ma.	ue	24. Was disease	or injury in any ay relate	
(Address)	A A A	(Signed)		, M. I
20. FILED.7	Hegistrar.	71	s)	

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EXAMPLE I

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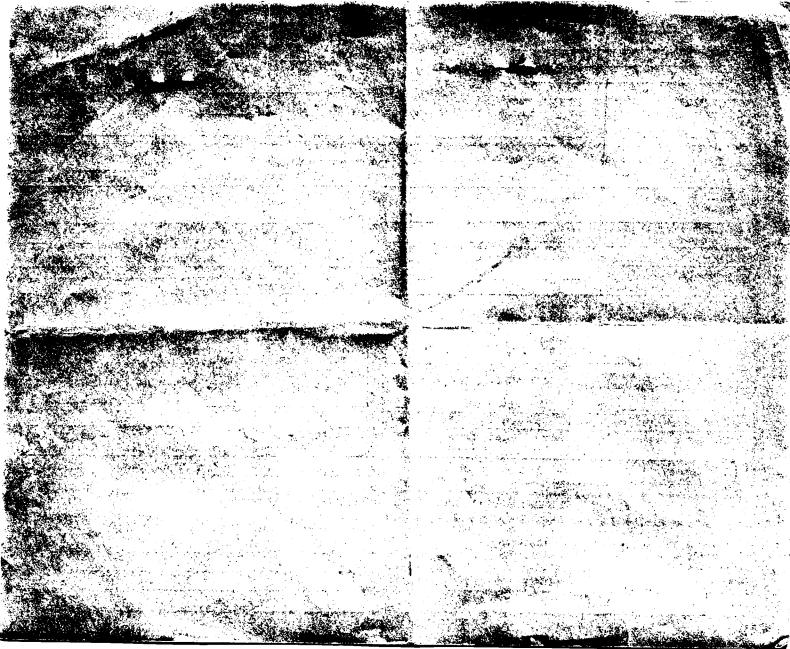
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 vear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

14	PLACE OF BIRTH	STATE OF IDARO
55	County of Case JUL 11 1939	DEPARTMENT OF PUBLIC WEAPARE BUREAU OF VITAL STATISTICS
of more birth st	City of Lander	CERTIFICATE OF BIRTH 281869
	No St.	
9 7		District NoState No
case er of	(If born in hospital or institution give name.) Prim. Registr	ation District No. 2/26 Local Registrar's No. 143
B.—In in orde	2. FULL NAME OF CHILD.	
D. N. B. each, in	3. Sex / If plural \{4. Twin, triplet, or other \\ 5. Number, in order of birth \\ F	remature 7. Legiti- 8. Date of birth 4 1989 (Month, Day, Year)
PERMANENT RECORD. N. ch, and the number of each,	9. Full FATHER name Chaille Sidd	18. Full MOTHER maiden name Baccara
our R	10. Residence (usual place of abods) (If non-resident, give place and State)	19. Residence (harmalage of abode) (If non-resident, give place and State)
自	11. Color or race   12. Age at last birthday (years	20. Color or race
and t	13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country)
4 8	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
THIS IS made for	15. Industry or business in which	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
INK—THIS	16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work  26. Total time (years) spent
E E	, 19 in this work	in this work
Ď g	27. What prophylactic was used to prevent Ophthalmia Neona	
ADD	Number of children of this mother (At time of this birth (a) Born alive and not	and including this child)/ w living
I UNFADING	29. If stillborn, period of gestation the months or weeks	30. Causa of Stillbirth During labor Before labor
WITH Separa	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE
	I hereby certify that I attended the birth of this child, who wa	Born Alive or Skillborn at Mr. on the date above stated.
PLAINLY st birth s	When there was no attending physician or midwife, then the father, hoseholder, etc.,	Signed) M. D.
P	of interview and the state of t	Midwife
PI	Give name added from	ddress
EE	M & Sabbiomonion robot summinus	A 1. //
WRITE one child	Rogistrar.	iled 7 - 5 - , 1989 Laura J. Sprocker Registrar.



MARGIN RESERVED FOR BINDING

N. B...WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

CERTIFICATE OF DEATH  State File No.  Registration District No.  Registrati	PLACE OF DEATH	STATE OF ID.	I TO A NOTE THE TAX PRODUCTS AND A COLUMN 1	
Primary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrar's No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrary No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrary No. 4. Color or Registrary Registration District No. 2.7.4. Local Registrary No. 4. Color			NO WELLEN	
Registration District No. 2.7.4. Local Registrar's No. 6.7.4.  Primary Registration District No. 2.7.4. Local Registrar's No. 6.7.4.  (If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME Baby Kidd  (a) Residence, No. rt-3 Burley Idaho St. (If nonresident give city or town and state) (State or country)  Primary Registration District No. 2.7.4. Local Registrar's No. 6.7.4.  (If death occurred in a hospital or institution, give its name instead of street and number)  8. FULL NAME Baby Kidd  (a) Residence, No. rt-3 Burley Idaho St. (If nonresident give city or town and state) (If nonresident gi	•	CERTIFICATE O	F DEATH   State File No. 1149/1	
Primary Registration District No. 3. Local Registrar's No. 5. Home (No. (No. Home) (No. (No. Home) (No. (No. Tt-3 Burley Idaho (I) nonresidant give city or town and state)  2. FULL NAME Baby Kidd  (a) Residence. No. rt-3 Burley Idaho (ii) Mill Diace of abade) (No. (II) nonresidant give city or town and state) (iii) Mill Diace of abade) (II) Mill Diace of	City of Burley			
Primary Registration District No. 3. Local Registrar's No. 5. Home (No. (No. Home) (No. (No. Home) (No. (No. Tt-3 Burley Idaho (I) nonresidant give city or town and state)  2. FULL NAME Baby Kidd  (a) Residence. No. rt-3 Burley Idaho (ii) Mill Diace of abade) (No. (II) nonresidant give city or town and state) (iii) Mill Diace of abade) (II) Mill Diace of	E First	Begistration District No		
(If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME Baby Kidd  (a) Residence. No. (If undersident give city or town and state) (If undersident giv	MUL I'M	Primary Registration Distric	t No. 2/9.4 Local Registrar's No. 6.4	
(2. Full NAME Baby Kidd  (a) Residence No Tt-3 Burley Idaho  (Eval blace of abode) (It nonresident give city or town and state) (It nonresident give city or	(If death occurred	(No I in a hospital or institution, gi	ve its name instead of street and number)	
(a) Residence. No. (Exual place of abode) (Exual place of abode) (Experiment of reddence in city of rown where death occurred. yrs. mos. ds. (If nonresident give city or town and state) (If nonresidence in city of rown where death occurred. yrs. mos. ds. How long in U.S. Hof freedge birth? Yrs. mos. ds. How long in U.S. Hof freedge birth? Yrs. mos. ds. How long in U.S. Hof freedge birth? Yrs. mos. ds. How long in U.S. Hof freedge birth? Yrs. mos. ds. How long in U.S. Hof freedge birth? Yrs. mos. ds. How long in U.S. Hof freedge birth? Yrs. mos. ds. How long in U.S. Hof freedge birth? Yrs. mos. ds. How long in U.S. Hof freedge birth? Hof freedge birth? Yrs. mos. ds. Hof how long in U.S. Hof freedge birth? Yrs. mos. ds. Hof how long in U.	2. FULL NAME Bab	y Kidd		
(If nonresident give city or town and state)  PERSONAL AND STATISTICAL PARTICLARS  3. SEX		rt_3 Burlau	Idaho st	
Male white word single Married (widow ed or Divorced write the word) single  fa. if married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.  Stillborn Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as spianer, analyse, hookkeeper, etc. work was done as silk mill. DONE.  9. Industry or business in which work was done as silk mill. DONE.  12. BIRTHPLACE (city or town) BIFLEY.  (State or country) Tidaho  13. NAME OTVILLE Kidd  14. BIRTHPLACE (city or town) BUFLEY.  (State or country) Tidaho  15. MalDEN NAME Anna Brower  16. BIRTHPLACE (city or town) BUFLEY.  (State or country) Tidaho  17. INFORMANT (Address) Tidaho  18. BURIAL, CEDMATON OR REMOVER.  Place Burley Ida Date Apr 16 192 of Married (write the work who done as the mile of the date stated dove, at m. The profession, or particular particular from the date stated above, at m. The principal cause of death and related causes of importance were as follows:  Date of country Date of more and the work was done as silk mile.  Other contributory causes of importance:  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter' causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury  Where did injury occur? (State or country)  19. UNDERTAKER None (Address) The public place.  Manner of injury  Nature of inju	(IIsual place of abode)		(If nonresident give city or town and state)	
Male White word Divorced (write the word) Single  Ea. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and, year)  7. AGE Years Months Days If LESS than Stillborn I day, hrs, or min.  8. Trade, profession, or particular kind of work done, as spinaer, sawyer, hookkeeper, etc.  9. Industry or business in which work was done as silk mill, saw mill, bank, etc.  10. Date deceased last work. II. Total time (years) sent in this occupation (mo, and yr.)	11		MEDICAL CERTIFICATE OF DEATH	
Male white word single  Ea. it married, widowed, or divorced HUSBAND of (or) WIPE of 6. DATE OF BIRTH (month day and year)  6. DATE OF BIRTH (month day and year)  7. AGE Years Months Days If LESS than I day, hrs. or min Stillborn   1 day, hrs. or min Stillborn   1 day, hrs. or min   1 day, hrs. or min	3. SEX 4. Color or Ra	ce 5. Single, Married, Widow-	21 DATE OF DEATH (month, day and year) 193	
193	Male white	word) single		
Corr   WIFE of   Corr   Date   Corr   Date   Corr   Date   Corr   Date	5a. If married, widowed, or di			
to have occurred on the date stated above, at	(or) WIFE of			
S. Trade, profession, or particular, sawyer, bookkeeper, etc.	6. DATE OF BIRTH (month, d	ay and year)	to have occurred on the date stated above, atm.	
Stillborn    1 day, hrs. or min.	·		The principal cause of death and related causes of impor-	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc.  9. Industry or business in which work was done as silk mill.  8. Available of at this occupation sent in this occupation (mo, and yr.).  12. BIRTHPLACE (city or town). Burley.  13. NAME Orville Kidd  14. BIRTHPLACE (city or town). Burley.  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town). Burley.  17. INFORMANT. Burley.  18. BURIAL, CREMATION OR HEMOTO.  19. UNDERTAKER (city or town).  19. UNDERTAKER (None (Address).  20. FILED. 7. H. 1987. Sunal Shanker.  20. FILED. 7. H. 1987. Sunal Shanker.  20. FILED. 7. H. 1987. Sunal Shanker.  21. Indextry or business in which work in mile (Parts).  22. State or country.  23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 193.  23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury occur? (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  Nature of injury.  Nature of injury way related to occupation of deceased? (Signed) M. D.			Detection of the second	
kind of work done, as spinner, savyer, hookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work. ed at this occupation spent in this occupation (mo, and yr.)  11. Total time (years) spent in this occupation (mo, and yr.)  12. BIRTHIPLACE (city or town)  13. NAME Orville Kidd  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURTHACE (city or town)  19. Total time (years) Specify town or town occupation  19. Total time (years) Specify was there an autopsy?  10. Total time (years) Specify was there an autopsy?  11. Total time (years) Specify was there an autopsy?  12. BIRTHPLACE (city or town) State or country)  13. Maiden NAME Anna Brower  14. BIRTHPLACE (city or town) Specify was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?  17. INFORMANT  18. BURIAL, CREMATION OR REMOVE  19. UNDERTAKER  19. VALUE OF Injury  Place  19. UNDERTAKER  None  19. UNDERTAKER  None  (Signed)  19. Where did injury occurred in industry, in home, or in public place.  Manner of injury  Nature of		OF Inth		
10. Date deceased last work. 11. Total time (years) spent in this occupation (mo. and yr.)  12. BIRTHPLACE (city or town)  13. NAME Orville Kidd  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION OR REMOVER  18. BURIAL, CREMATION OR REMOVER  19. UNDERTAKER  19. UNDERTAKER  None  19. UNDERTAKER  None  19. ELED, Z. A. 1932. 2 22223 Marchar  10. Total time (years) spent in this occupation Spent in this occupation Spent in this occupation Other contributory causes of importance:  Other contributor	8. Trade, profession, or part kind of work done, as	icular pinner.	······································	
10. Date deceased last work. 11. Total time (years) spent in this occupation (mo. and yr.)  12. BIRTHPLACE (city or town)  13. NAME Orville Kidd  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION OR REMOVER  18. BURIAL, CREMATION OR REMOVER  19. UNDERTAKER  19. UNDERTAKER  None  19. UNDERTAKER  None  19. ELED, Z. A. 1932. 2 22223 Marchar  10. INFORMANE  11. Total time (years) spent in this occupation occupation  Name of operation  Date of.  What test confirmed diagnosis?. Was there an autopsy?.  23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury.  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury  Nature of injury  Nature of injury  24. Was disease of highly in thy way related to occupation of deceased?  (Signed)  M. D.	sawyer, bookkeeper, etc.			
10. Date deceased last work. 11. Total time (years) spent in this occupation (mo. and yr.)  12. BIRTHPLACE (city or town)  13. NAME Orville Kidd  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION OR REMOVER  18. BURIAL, CREMATION OR REMOVER  19. UNDERTAKER  19. UNDERTAKER  None  19. UNDERTAKER  None  19. ELED, Z. A. 1932. 2 22223 Marchar  10. INFORMANE  11. Total time (years) spent in this occupation occupation  Name of operation  Date of.  What test confirmed diagnosis?. Was there an autopsy?.  23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury.  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury  Nature of injury  Nature of injury  24. Was disease of highly in thy way related to occupation of deceased?  (Signed)  M. D.	work was done, as silk n	nill,	upril 1.6, 3.4	
occupation occupation occupation occupation occupation  12. BIRTHPLACE (city or town) Burley (State or country)  13. NAME Orville Kidd  14. BIRTHPLACE (city or town) Burley (State or country)  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town) Burley (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION OR RISMOND  19. UNDERTAKER None  19. UNDERTAKER None  (State or country)  19. UNDERTAKER None  (State or country)  19. UNDERTAKER (Address)  20. FILED, J. J. J. 1931. 2 2003 Marchan  Surley  (Signed)  Other contributory causes of importance:  Name of operation.  Date of.  What test confirmed diagnosis? Was there an autopsy?  22. If death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury.  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury  24. Was disease or injury way related to occupation of deceased?  (Signed)  M. D.			······································	
12. BIRTHPLACE (city or town) Birley  (State or country)  13. NAME Orville Kidd  14. BIRTHPLACE (city or town) Burley (State or country)  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town) Burley (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION OR REMOVE  19. UNDERTAKER (Address)  20. FILED 7 - 144, 1987. Furnal Shareles  18. BURIAL (Signed)  19. UNDERTAKER (Address)  20. FILED 7 - 144, 1987. Furnal Shareles  18. BURIAL (Signed)  19. UNDERTAKER (State or country)  10. Same of operation Date of What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. Where did injury occur? (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  Nature of injury.  Nature of injury by the flay way related to occupation of deceased? It so specify (Signed).  M. D.	ed at this occupation spent in this		Other contributory causes of importance:	
(State or country)  Idsho  13. NAME Orville Kidd  14. BIRTHPLACE (city or town) Burley (State or country)  Idsho  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town)  (State or country)  Idsho  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED. 7. H. 1931. Furnal Sharakar  (Signed)  Name of operation.  Name of operation.  Name of operation.  Name of operation.  Date of.  What test confirmed diagnosis? Was there an autopsy?  Where diagnosis? Was there an autopsy?  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  Nature of injury in thy way related to occupation of deceased?.  (Signed)  M. D.		<del></del>		
13. NAME Orwille Kidd  14. BIRTHPLACE (city or town) Burley (State or country)  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVER  19. UNDERTAKER (Address)  20. FILED, 7 /#. 193. 2244 Shareful  21. Name of operation.  Date of.  What test confirmed diagnosis? Was there an autopsy?  Where did injury occur? (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  Nature of injury.  14. 193. 2244 Was disease of injury by the thy way related to occupation of deceased?  (Signed)  Name of operation.  Date of.  What test confirmed diagnosis? Was there an autopsy?  Where did injury occur?  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  24. Was disease of injury by the thy way related to occupation of deceased?  (Signed)  (Signed)  Name of operation.  Name of operation.  Name of operation.  What test confirmed diagnosis? Was there an autopsy?  Where did injury occur?  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  24. Was disease of injury by the thy way related to occupation of deceased?  (Signed)  (Signed)  (Signed)  Name of operation.  Name of operation.  What test confirmed diagnosis? Was there an autopsy?  Where did injury occur?  (Specify city or town, county, and state)  Specify whether injury occur?  (Specify city or town, county, and state)	12. BIRTHPLACE (city or town (State or country)			
14. BIRTHPLACE (city or town) Burley (State or country)  15. MAIDEN NAME Anna Brower  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVER  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED. 7  14. 193  14. BIRTHPLACE (city or town)  Burley  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury, 193.  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  24. Was disease or injury by the they way related to occupation of deceased?  (Signed)  Manner of operation.  What test confirmed diagnosis? Was there an autopsy?  Where did injury occur?  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  24. Was disease or injury by the they way related to occupation of deceased?  (Signed)  (Signed)  Manner of operation.  What test confirmed diagnosis? Was there an autopsy?  Where did injury occur?  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  (Signed)  (Signed)  (Signed)  Manner of injury.  (Signed)  (Signed)  Manner of injury.  (Signed)  (Signed)  (Signed)  (Signed)	E Orwille Ki			
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.  16. BIRTHPLACE (city or town). Burley  17. INFORMANT (State or country)  18. BURIAL, CREMATION OR REMOVE.  18. BURIAL, CREMATION OR REMOVE.  19. UNDERTAKER None  19. UNDERTAKER None  (Address)  20. FILED. 7 / H. 193. 2244 Shareful (Signed). Mr. D.  21. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  24. Was disease of injury by the flay way related to occupation of deceased? It so specify (Signed). Mr. D.			Name of operation Date of	
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?.  Where did injury occur?.  Where did injury occur?.  (Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Place Parrley Ida Date Apr I6 193 9  19. UNDERTAKER None  (Address)  20. FILED. 7 - 14. 193 2 2 2 2 2 2 3 1f death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury.  (Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  24. Was disease of injury in the way related to occupation of deceased? It so specify (Signed), M. D.	14. BIRTHPLACE (city or (State or country)	town). <del>!!!!!</del>	What test confirmed diagnosis? Was there an autopsy?	
16. BIRTHPLACE (city or town).  17. INFORMANT (Specify city or town, county, and state)  18. BURIAL, CREMATION OR REMOVED  19. UNDERTAKER (Address)  20. FILED. 7 14. 193 224. Manual Shareher  19. Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in they way related to occupation of deceased?  (Signed)  Where did injury occurr?  Where did injury occur?  Name of injury occurred in industry, in home, or in public place.  Manner of injury.  24. Was disease or injury in they way related to occupation of deceased?  (Signed)  Mhere did injury occur?  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  (Signed)  (Signed)  Mhere did injury occur?  (Specify city or town, county, and state)	Anna		23. If death was due to exter'l causes (violence) fill in also	
Where did injury occur?.  (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVE  Place. Birley Ida. Date Apr I6 193 9  19. UNDERTAKER None (Address)  20. FILED. 7 14. 193 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15. MAIDEN NAME 1411	Bunley	the following: Accident, suicide, or homicide? Date of injury, 193.	
public place.  18. BURIAL, CREMATION OR REMOVED  Place Burley Ida Date Apr I6 <sup>193</sup> O  19. UNDERTAKER (Address)  20. FILED. 7 - /H. 1937. 2244 Date Date (Signed)  Public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in the way related to occupation of deceased? 1 150 specify.  (Signed)  (Signed), M. D.	6 16. BIRTHPLACE (city or (State or country)	(() (V 11 )	(Specify city or town, county, and state)	
18. BURIAL, CREMATION OR REMOVED  Place Birley. Ida Date. Apr. I6 <sup>193</sup> O  19. UNDERTAKER (Address)  20. FILED. 7 - 14. 1937. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		le Duda	Specify whether injury occurred in industry, in home, or in	
Place Burley Ida Date Apr I6 193 9  19. UNDERTAKER (Address)  20. FILED. 7 / H. 193 2 24. Was disease of injury in the way related to occupation of deceased? (Signed) (Signed) M. D.		RUMOVAL		
19. UNDERTAKER None of deceased? Uso specify.  20. FILED. 7 - 14. 1937. 2una J. Shurcher (Signed). (Signed).		Date. A To 193	Nature of injury	
19. UNDERTAKER MORE  (Address)  of deceased? yes specify M. D.  (Signed) M. D.		F	24. Was disease or injury in any way related to occupation	
90 FILED 1937. 2 2000 X X X X X X X X X X X X X X X X	(Address)	21	of deceased? Was spenty	
// Registrar. (Address)	20 FILED 7 - 14 1989	· wa & Smocher	.	
	20. 111111111111111111111111111111111111	Registrar.	(Address)	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

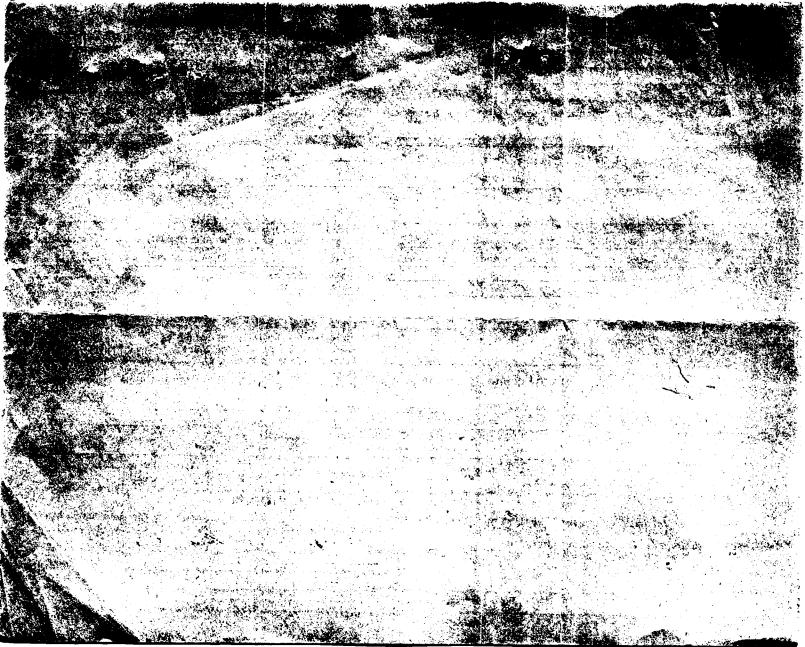
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 vear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STANK OF IDAHO - DIV	VISION OF PUBLIC HEALTH
1. PLACE OF DEATH \ \ \ \ \ \ CENDINTESTO A P	TE OF DEATH.
	7/7
County of Registration I	Dist. No
City of July Primary Reg.	Dist. No. give its name instead of street and number.
City of Jewell Primary Reg.  (Home, Hospital or Institution)	ar's No. 40
(Lience, Hospital of Mistitution)	Yes Mos Dave
Length of residence in County where death occurred	How long in U. S. If of foreign birth?
2. FULL NAME Suby Dulley	( Very C) 0 0
Buckey	335. 8 Dents D
(a) Residence:	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 MALE 4. White, Black, 5. Single, Married, Widowed,	21. DATE OF DEATH (month, day and year)
FEMALE Yellow Red or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	1/0. / - 1.
Husband of	5-24-J9
(or) Wife of	I last saw h alive on
6. Date of Birth (Month, day and year) May 24 - 1939	to have occurred on the date stated above, at
To least then I day	The principal cause of death and related   Date of Onset   Causes of importance in order of onset were   Yr.   Mo.   Day
7 AGE Tears Monday 200	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:
8. Trade, profession, or particular kind of work done	
16.1	Sillom
9. Industry or business in which work was done	
5. Industry of Bushess II	A STATE OF THE STA
10. Date deceased last worked 11. Total time (yrs.) spent in	
at this occupation (month this occupation	
and year)	Contributory causes of importance not related to principal causes
12. BIRTHPLACE (City or Town, County and State, or Country)	
Queley Cusey do	Where was disease first diagnosed?
000	<u> </u>
13. NAME CLO COUNTRY	<b>1</b>
14. BIRTHPLACE (City or Town, County and State, of Country)	Name of operation date of
Sun nell	Condition for which performed
15. MAIDEN NAME March Justine	What test confirmed diagnosis?
16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? Was there an inquest?
E 16. BIRTHI MADE (CIT) OF THE PARTY OF THE	23. If death was due to external causes, fill in the following:
17. SIGNATURE OF A LIVE A CALLEY	23. If death was due to external causes, fill in also the following:
INFORMANT (X)	. 4 19 Where did injury occur?
(Address) (Address)	(Specify city or fown, county and state)
18. BURIAL CHEMATION OR REMOVAL	Check whether injury occurred in industry home public place
Place August / a diffic Pate of - bl 19.5	Manner of injury
The same of the same	Nature of injury
19. UNDERTAKER	I
(Address)	deceased? If so specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	1/2 2/1
A of a fine of Aborehan	(SIGNED) M. D.
on May 25 1939 by aura & Drivener Registrar	(Address) Stoly

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that-the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

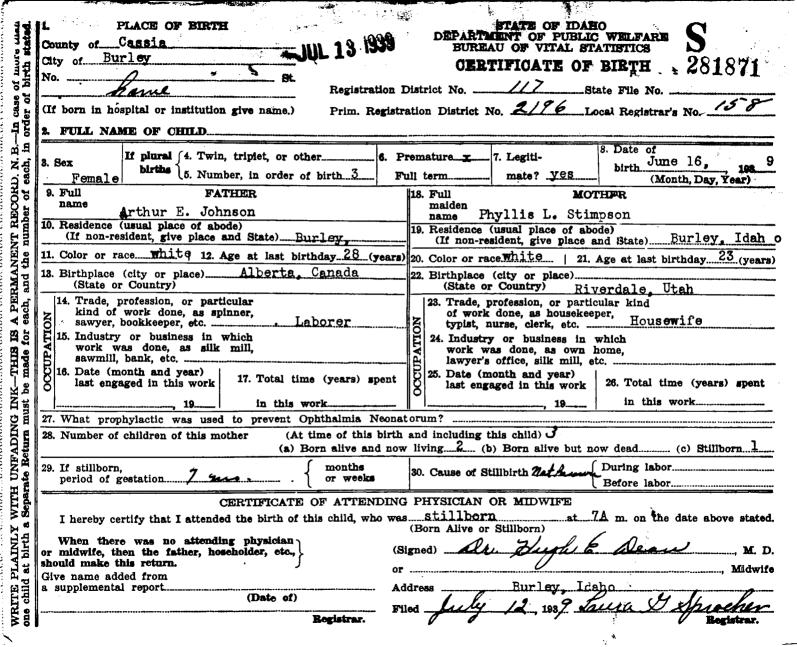
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

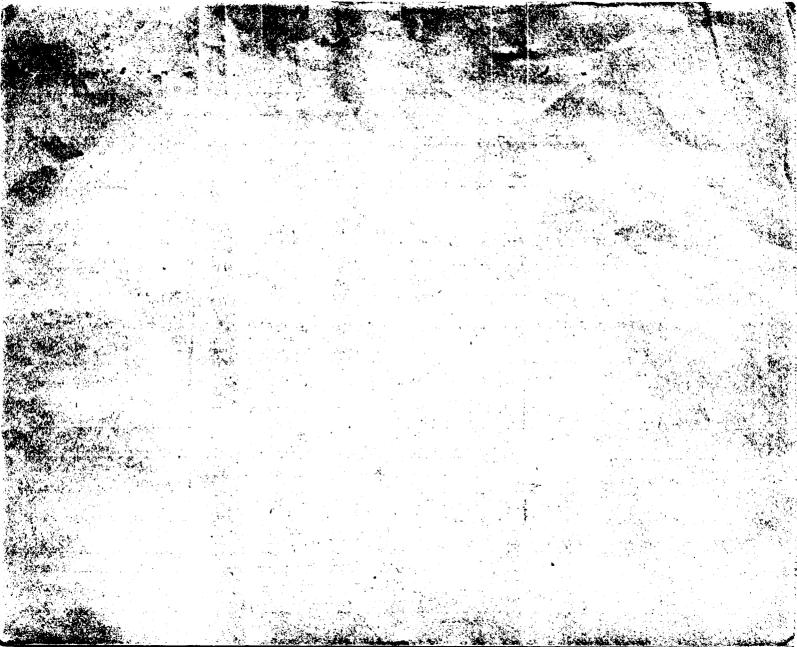
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		





(Address)

(Date)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

THE PARTY IS A		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.  Arteriosclerosis		related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH OHACI OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH Legistration District No. 281872 30 State File No. CASO Prim. Registration District No. 105/ Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD... 8. Date of If plural [4, Twin, triplet, or other..... 6. Premature..... 7. Legiti-8. Sex birth... births Full term.X 5. Number, in order of birth mate? (Month. Day. Year) RECORD. 9. Full FATHER MOTHER 18. Full name ( maiden nama 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State). 11. Color or race 12. Age at last birthday......................(years) 20. Color or race 21. Age at last birthday 22 (vears) 22. Birthplace (city or place) ...... 13. Birthplace (city or place)...... and (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. made sawmill, bank, etc. .... lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and vear) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work 2 K must in this work.... in this work.... WITH UNFADING Separate Return m 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q.... (b) Born alive but now dead Q.... (c) Stillborn Before labor.....X 29. If stillborn. months 30. Cause of stillbirth... period of gestation nun or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was atil the above stated. (Born Alive or Stillborn) birth When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. ... Midwife Give name added from Address Brien Bls a supplemental report..... (Date of) Registrar.



1. PLACE OF DEATH STATE OF IDAHO — DI	ivision of public health 1.14914
CERTIFICA	TE OF DEATH Registered No
	Dist. No. 30 if death occurred in
	Dist. No. 105 / hospital or institution give its name instead of
(Home, Hospital or Institution)	rar's Nostreet and number.
Length of residence in County Yrs. Mos. Days where death occurred	How long in U. S. if of foreign Yrs. Mos. Days birth?
Infant Bo	Le Poch
2. FULL NAME	eda III 141 1933
(a) Residence:	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, 5. Single, Married, Widowed, Vellow, Red or Divorced (write the word)	21. DATE OF DEATH (month, day and year) $\mu/30/39$
temple white angle	22. I HEREBY CERTIFY, That I attended deceased from
M. If married, widowed, or divorced Husband of	4/3/ 1974 to 4/30 1939
(or) Wife of 6. Date of Birth	I last saw har althour 19 Death is said
(Month, day and year)	to have occurred on the date stated above, atm.  The principal cause of death and related
Years Months Days If less than 1 day	causes of importance in order of onset were
7. AGE O O hrs	as follows:
8. Trade, profession, or particular kind of work done	months
9. Industry or business in which work was done	
5. Industry of business in winder were well	
10. Date deceased last worked 11. Total time (yrs.) spent in at this occupation (month this occupation	i
and year)	Contributory causes of importance not
12. BIRTHPLACE (City or Town, County and State, or Country)	'I related to principal causes
Coen of alene I hahos.	
Sernet & pock-	80.
13. NAME	Where was disease first diagnosed?
14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation selection date of
Canada Mille Club	Condition for which performed
15. MAIDEN NAME	What test confirmed diagnosis?
16-BIRTHPLACE (City or Town County and State, or Country)	Was there an autopsy? Was there an inquest?
S. Wak William	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF Cuy lish	(Check) Accident—Suicide—Hemicide? Date of injury
(Address) Courd'alière oda	
18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public place
Place / ( rotura cd toate 5/3 1939	
Cara and the second the	Nature of indury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of
(Address)	deceased? If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	the Horning
Clay in 9 - Ald Nouverla.	(SIGNED) My D.
on 2 y 193 y by Registrar	(Address) Court date of the

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in array or to Question 9. For a person engaged in domestic pervice for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write now.

To be complete an occupation seturn must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.- The number of years the deceased followed the occupation.

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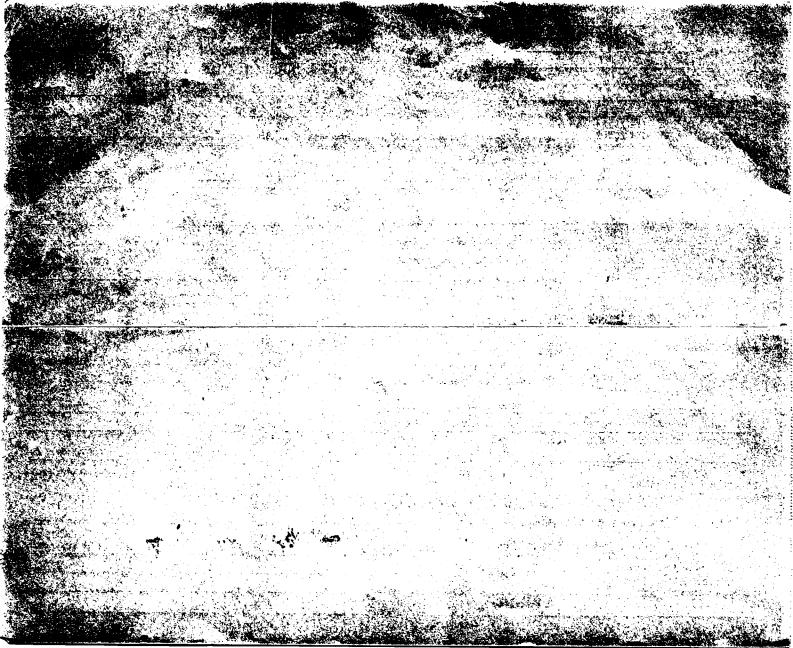
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EXAMPLE I	!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Cerebral hemogrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			·

RECEIVED PLACE OF BIRTH JUL 10 1939 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS 281873 City of. birth CERTIFICATE OF BIRTH 30 Registration District No. ... State File No. ... ö Prim. Registration District No. 105/ Local Registrar's No. 195 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of If plural |4. Twin, triplet, or other.... 6. Premature.. 7. Legiti-8. Sex births mate? W 5. Number, in order of birth... Full term... (Month, Day, Year) MOTHER 9. Full FATHER 18. Full name maiden name 10. Residence (usual place of abod) 19. Residence (usual place of abode) (If non-resident, give place and State)... (If non-resident, give place and State) ... | 12. Age at last birthday 47 (years) 20. Color or race 11. Color or race.... 21. Age at last birthday... 55(years) 13. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ...... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. made sawmill, bank, etc. ..... lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work R in this work.... ust in this work.... 19 ..... 19.... UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (c) auren months Before labor...... If stillborn. WITH UN Separate 30. Cause of stillbirth. period of gestation..... OR WORKS During labor... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 7:10 m. on the date above stated. I hereby certify that I attended the birth of this child, who was atillharm (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report..... WRITE one child (Date of) one Registrar.



•	(Home, Hospital of Institution) Local Regis
	Length of residence in County where death occurred
ecord	2. FULL NAME George Sofford fr (a) Residence: Worley,
is a permanent record carefully	PERSONAL AND STATISTICAL PARTICULARS  3. MALE FEMALE Yellow, Red Y
erma	5a. If married, widowed, or divorced Husband of (or) Wife of
s a perm carefully	6. Date of Birth (Month, day and year) 6 - 6 - /939    Years   Months   Days   If less than 1 day
This is	7. AGE hars months bays have min. 0 hrs. 0 min. 0
ן בו	9. Industry or business in which work was done
ading Ink- lanations o	10. Date deceased last worked at this occupation (month this occupation)
Unfading Explanatio	12. BIRTHPLACE (City or Town, County and State, or Country
	13. NAME Jeorge Soford 14. BIRTHPLACE (City or Town, Country and State, or Country
dy with	Lem.
Plainly F	15. MAIDEN NAME () County and State or Country
Write	17. SIGNATURE OF Mattie Joothacre
<b>&gt;</b>	(Address) 20 13 W. 15 th Spokane. 1271  18. BURIAL, CREMATION OR, REMOVAL
	Place Worley Loan B Date 6 - 7 193
	(Address) Coeund'alene. da
	20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

$\mathbf{A}^{I}$	TE OF DEATH	Re	gister	ed No		•
eg.	Dist. No. 30 Dist. No. 255 ar's No. 35		if hospi give stree	tal or	ccurred in institution instead of mber	
]	How long in U. S. If of foreign birth?		rs.	Mos.	Days	VAL
۷,	20					WO.
2	dalo					爲
	(If non-resident give city				e)	. 24
ed,	MEDICAL CERTIFI 21. DATE OF DEATH (month, day and year)	6 -	E OF	- 19	39	6
	22. I HEREBY CERTIFY, That I		nded	deceased	from 1939	[A]
	I last say tull of o			19	Death is said	BUL
_	to have occurred on the date state The principal cause of death ar causes of importance in order of o	nd re	lated	Dat	e of Onset	RE
	Stillbom ba	4		Yr.	Mo. Day	
	Come with	11	T	2k		0 83
in	fry dead se	Live				
(KZ)	Contributory causes of importance related to principal causes	not				BE F
						E I
(Y)	Where was disease first diagnosed				yelas	
	Name of operation	Ż	<u>~</u> °	ate of	·····	
_	Condition for which performed	シ	<del></del>			<b>A</b>
ソ(ア)	What test confirmed diagnosis.  Was there an autopsy?	W		an incom	MA	-E
	23. If death was due to external	$\overline{}$				
	(Check) Accident—Suicide—Homic	ide7	Date	of injury.	<del></del>	. 🚟
χ		ity or	town		•	. 5 #
2.9	Check whether injury occurred in Manner of injury	indus	itry	home p	oublic place	¥.
m	Nature of injust					<u> </u>
	24. Was disease or injury in any		y rela	ted to o	ccupation of	A D
_	deceased?		~~	7		. 7
	(SIGNED)		71	L	D.	

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

TIXAMPLE I

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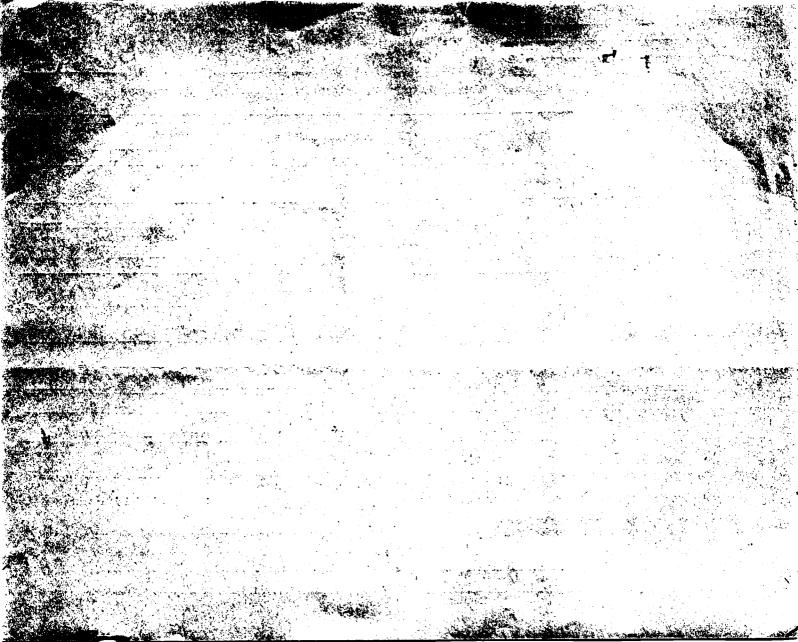
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TOWARDS TO TO

EXAMPLE I		EXAMPLE II		
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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN		
	***************************************			

DEPARTMENT OF PUBLIC WELFARE County of Kontenei BUREAU OF VITAL STATISTICS Idaho City of Coeur d'Alone. Judgistration District No. \_\_\_\_\_\_\_State File No. \_\_\_\_\_\_ No.1221 Coeur d'Alene Ave. st In case corder of (If born in hospital or institution give name.) Prim. Registration District No. 105/ Local Registrar's No. 21/ 2 FULL NAME OF CHILD DONALD JOSEPH GALIPEAU - office 1 win W.H If plural (4. Twin, triplet, or other Win 6) Premature Yes 7. Legiti-8. Date of z નું 3. Sex birthJune 30 1089 births RECORD. 5. Number, in order of birt#2. Male Full term mate? Yes (Month, Day, Year) 9. Full. FATHER 118. Full MOTHER name maiden Aldhemar W. Galineau Florence M. Tessee name 10. Residence (usual place of abode) 1221 Coeurd Alene 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State). (If non-resident, give place and State) AS Above 13. Birthplace (city or place)...... 22. Birthplace (city or place). Snokane (State or Country) Canada (State or Country) Washington A PE each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Teamsters Union Sawyer, bookkeeper, etc. of work done, as housekeeper typist, nurse, clerk, etc. HOUSEWITE for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, made work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. Own Home 25. Date (month and year) last engaged in this work 17. Total time (years) spent NG INK-must be 26. Total time (years) spent last engaged in this work in this work.... in this work UNFADING to Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... 28. Number of children of this mother (At time of this birth and including this child) 30. Cause of stillbirth Remalint Before labor 29. If stillborn, WITH UN Separate months period of gestation 6 Months or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Born Dead at 3: 50 m. on the date a love stated. PLAINLY (Born Alive or Stillborn) When there was no attending physician (Signed) Anuly or midwife, then the father, householder, etc., should make this return. Give name added from WRITE Pone child a supplemental report Address Coeur d'Alene, Idaho (Date of) Registrar. Registrar.

於於國際原理 (14 % p. 20 ) (a) (b) (10 ) (b)



A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

,	I. PLACE OF DEATH	<b>CERTIFIC</b>	ATE OF DEATH	Registered	No		
	County of Kootenai	Registration	Dist. No. 30	hospita	ıl or	ccurr	tution
9	city of Coeur D' Alene			give it	s name	inste	ad of
	(Home, Hospital or Instituti	ion) Local Regis	trar's No	- Street	and no		
		rs. Mos. Days	How long in U. S. if of foreign birth?	Yrs.	Mos.	D	ays
2	FULL NAME Donald Jos	eph Galipeau				<del></del>	
	(a) Residence: I22I Coeur	D' Alene, Ave	(If non-resident give city of	or county s	nd stat	e)	
=	PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFIC	ATE OF D	EATH		
3.	MALE 4. White, Black, 5. FEMALE Yellow, Red 0	. Single, Married, Widowed or Divorced (write the word	21. DATE OF DEATH (month, day and year)	me	30	. 19	} 3 °
_	Male White a. If married, widowed, or divorced	Single	22. I HEREBY CERTIFY, That I				
5	a. If married, widowed, or divorced Husband of	. 3.	June 30, 1939, to		Line		
ĺ_	(or) Wife of		I saw here affer on Julie	e (30)	19 ₹ 9	Death	is said
6.	Date of Birth (Month, day and year) June 30	1 TO30					
l _			to have occurred on the date stated The principal cause of death and	related	Dat	e of O	nset
7	AGE O O O	If less than 1 day	causes of importance in order of on	set were			Day
ا_ٰ		hrs. O min. O	- Mill toru		139	6	30
_	8. Trade, profession, or particular k	und of work done					
Occupation	9. Industry or business in which w	rork was done				•	
ğ		·····					
100	10. Date deceased last worked 11. at this occupation (month	Total time (yrs.) spent if this occupation	n	***************************************			
0	i i		Contributory causes of importance	not		] <del></del>	-
-	and year)	nter and State on Country	— — — — — — — — — — — — — — — — — — —	.00	ļ		
1	Coeur D' Alene, Ide		OMe of Sevensbe	m	<u> </u>		
_	Coedl D. Wiene, Ide	1110	- at // le mont	Ro	ļ		<u> </u>
<u> </u>	13. NAME Aldhemar W.	Galineau			,	,	
athe	14. BIRTHPLACE (City or Town, Co	ounty and State, or Country	Where was disease first diagnosed?	el dat			
1	Cana		Name of operation	dat dat	e of		
	1		Condition for which performed				·····
Pe	15. MAIDEN NAMEFLOTENCE		What test confirmed diagnosis?				
Moth	16. BIRTHPLACE (City or Town, Co	ounty and State, or Country	Was there an autopsy? W	as there a	n inque	est ?	ve_
~	phorane, wash.	<u> </u>	23. If death was due to external ca	uses, fill ir	also t	he fol	lowing
1'	7. SIGNATURE OF	alipian	(Check) Accident—Suicide—Homicid		injury.		
l	(Address) /27/ (U.G. C	an. Cound / aline		or town.	county	and st	ate)
1	8. BURIAL, CREMATION OR REMOV	/AL	Check whether injury occurred in in				-
	Place St. Thomas	Date 6/30/399	Manner of injury				
-	ARAA O	wica	Nature of injury				
19	. UNDERTAKER Mooney Mon	rtuary	24. Was disease or injury in any	way relate	ed to o	ccupa	tion of
11	(Address)		deceased? Maa If so, specify .	10			
20	D. FILED AND BURIAL OR REMOVA	AL PERMIT ISSUED	// //-	1///			0
	ill	2/ man and the	1 (SIGNED) SHALLINGUI)	Z. SIL	llul	vou	· L
	on 7 193 9 by Ma	Registrar	(Address) Colum C	1 al	que,	O	olio

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

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EXAMPLE I

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11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

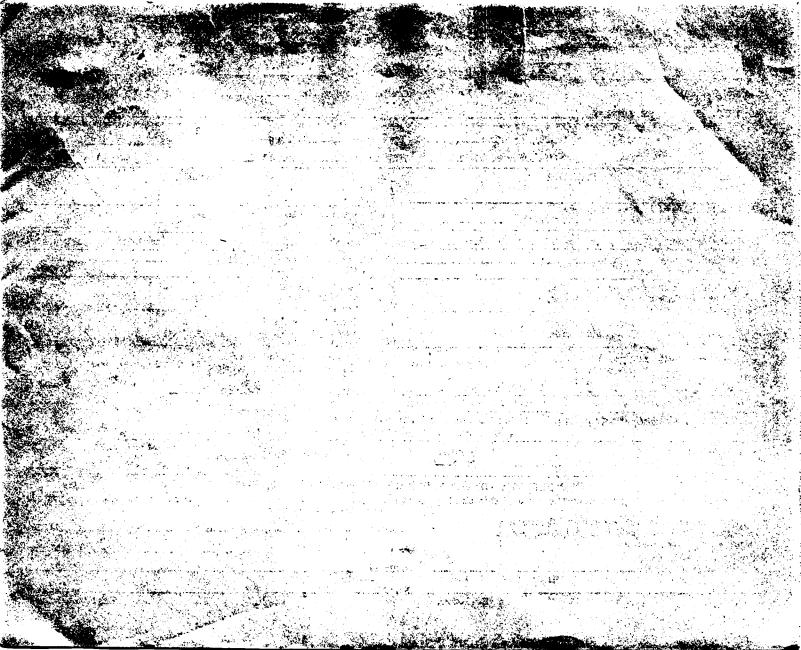
EXAMPLE II

		EAAMI DE 11		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTE	IER STATEMENTS BY PHYSICIAN		
		,		
			***************************************	

DEPARTMENT OF PUBLIC WELFARE County of Alexander BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No. Mistration District No. 1009 ...State File No. . Prim. Registration District No. \_\_\_\_\_Local Registrar's No. \_\_\_\_ (If born in hospited or institution give name,) FULL NAME OF CHILD. 8. Date of If plural [4. Twin, triplet, or other...... 6. Premature 2007. Legitibirths 5. Number, in order of birth..... PERMANENT RECORD. Full term & Red mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden a name 10. Residence (usual/liace of abode) 669-09 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race Meta | 12. Age at last birthday 15 (years) 20. Color or race Meta | 21. Age at last birthday 26 (years) 13. Birthplace (city or place) / Cue he 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, .a. typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ..... Por 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. ........ lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) IG INK-17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work never 193 in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Release 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....... (b) Born alive but now dead ...... (c) Stillborn ....... 30. Cause of Stillbirth Laurante Before labor. WITH UN 29. If stillborn. months period of gestation..... Or Weaks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 6. m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... WRITE PLAINLY (Born Alive or Stillborn) (Signed) Williams When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of) Filed Same Registrar.

ALO ALO

PLACE OF BIRTH



A-A	PLACE OF DEATH DEPARTMENT OF PUBL	
	DESTRUCTION OF THE PROPERTY OF	
ed te	County of Naz Parce CERTIFICATE O	F DEATH 114977
Every item s should sta of OCCUP	City of	3tate File No.
5.4€ <b>9.</b> 4€	Registration District No	
H SZ H	JUL 13 1959 Primary Registration District P	
ĕ <b>X</b>	(No	Hospital )
RECORD. E PHYSICIANS of statement of	(If death occurred in a hospital or institution, a Baby Foss	give its name instead of street and number)
E E E	(a) Residence No. 607-9th Avenue	St
` ` 65	(Usual place of abode)  Length of residence in city or town where death occurred. yrs. m	(If nonresident give city or town and state)
E K	PERSONAL AND STATISTICAL PARTICULARS	
S G S	3. SEX   4. Color or Race   5. Single, Married, Widow-	MEDICAL CERTIFICATE OF DEATH
DING PERMANENT d EXACTLY. classified. Ex	Male White word) Single	21. DATE OF DEATH (month, day and year) May 14 1939
binving A Perm tated EX/ rly classif	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
i blini stated serly c icate.	(or) WIFE of	I last saw h 1m alive on 11.44 /4 1932 : death is said
	6. DATE OF BIRTH (month, day, and year) May 14, 1939	/
IS IS A d be state properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
ELU F THIS fould be p	1 day hrs or min	were as follows: Date of onset
	8. Trade, profession, or particular kind of work done, as spinner,	believe Delever Weller of 1820
S E E	sawyer, bookkeeper, etc	4 mos gestette
KESEKV G INK— AGE sl at it may on back	work was done, as silk mill,	cure inkury
N KE ING d. A that on on	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this	
Stio of the control o	ed at this occupation spent in this occupation occupation	Other contributory causes of importance:
MARGIN RESERTH UNFADING INK sfully supplied. AGE in terms, so that it makes instruction on backs.	12. BIRTHPLACE (city or town) Lewiston, Idaho (State or country)	Treguesey Mart 1939
		Name of operation Date of
WITH careful plain t. See		What test confirmed diagnosis?
~ = =		23. If death was due to exter'l causes (violence) fill in also the following:
CX, be be rtan	15. MAIDEN NAME Grace McKissick	Accident, suicide, or homicide? Date of injury, 193
PLAINLY, V should be ca d DEATH in l ry important.	15. MAIDEN NAME Grace McKissick  16. BIRTHPLACE (city or town) Lewiston (State or country) Idaho	Where did injury occur? (Specify city or town, county, and state)
F 2 D P	17. INFORMANT Man. Roy 7 res	Specify whether injury occurred in industry, in home, or in public place.
tion OF	18. BURIAL CREMATION OR REMOVAL 13.	Manner of injury
WRITE Hinformation CAUSE OF	Place Sewston Date 6-30, 1939	Nature of injury
-WR inform CAUS TION	19. UNDERTAKER Crown Co	24. Was disease or injury in any way related to occupation of
I E O E	(Address) Lewiston, Idaho	deceased
_ ;	20. FILED pely S., 199 Mark M. huyall	(Signed)
Z	Registrar.	(Address) Lewiston, Idaho

*;*\*:

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occuration.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

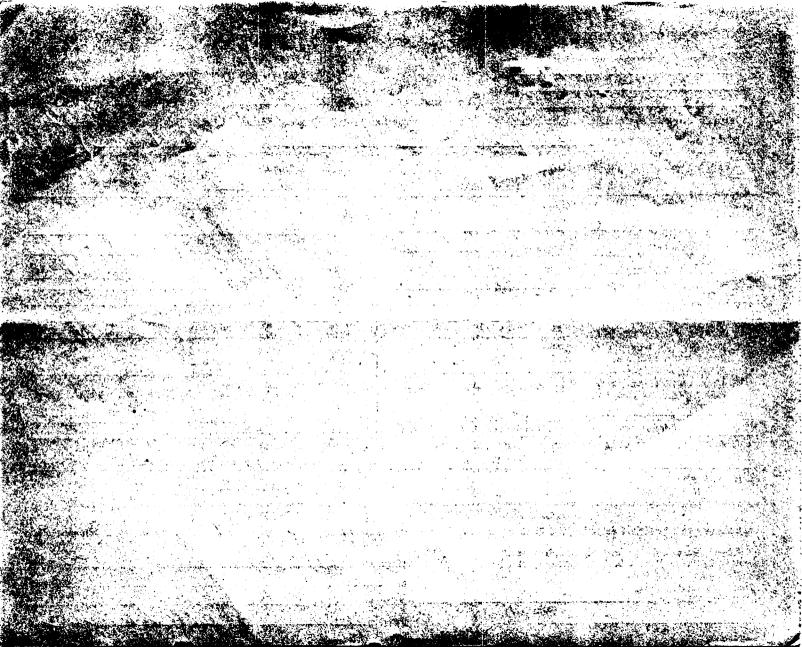
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of o	nset	
Arteriosclerosis	1915	Attack of epilepsy	1 week	ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week	a.gr	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days	ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	<u> </u>	
ADDITIONAL SPACE I	FOR FURTH	HER STATEMENTS BY PHYSICIAN	*		
			·····		
	······································		· • • • • • • • • • • • • • • • • • • •		

RECEIVED PLACE OF BIRTH STATE OF IDARO County of Musical DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS of more birth at City of.... CERTIFICATE OF BIRTH State File No. case of Registration District No. . Prim. Registration District No. 20/3 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD MANAGE 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_ 7. Legitibirth Meso birthe 5. Number, in order of birth..... Full term mate? (Month, Day, Year) 9. Full FATHER 118. Full / MOTHER name maiden anuel 1 name 10. Residence (usual place of apode) 19. Residence (usual place of abode) Alf non-resident, give place and State (If non-resident, give place and State). Color or race 12. Age at last birthday / (years) 20. Color or race 21. Age at last birthday 32 (years) 13. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular described 23. Trade, profession, or particular kind of work done, as housekeeper, doubleve kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2... (b) Born alive but now dead. (c) Stillborn 2... 29. If stillborn. months Before labor..... 30. Cause of stillbirth..... period of gestation..... or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at / Pm. on the date above stated. (Born Alive or Stillborn) When there was no attending physician ) or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report.... 킁 (Date of) Rogistrar. Registrar.



PLACE OF DEAT STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE information See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH -State File No .... Registration District No..... Primary Registration District No. 90/3 Local Registrar's No. OCCUPATION is very important. (No.. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME MANCY (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. RECORD PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single. Married. Wd-3. SEX 4. Color or Race 21. DATE OF DEATH (month, 1997) 1935 owed or Projecti 22 I HEREBY CERTIFY, That I attended deceased from the town 5a. If married, widowed, or divorced 1/2 , 1939, to 3-1 , 1939HUSBAND of I last saw her alive on 3-1/1932: death is said (or) WIFE of to have occurred on the date stated above, at # Pm. 6. DATE OF BIRTH (month, day, and year) MOAL If LESS than The principal cause of death and related causes of im-Months Days 7. AGE Years 1 day ..... hrs. portance were as follows: or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which INK-THIS work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) spent in this ed at this occupation recupation (mo. and yr.) ..... 12. BIRTHPLACE (city or town). (State or country) Name of operation Date of ... What test confirmed diagnosis? Sauce Was there an FATHER 13. NAME autopsy 2/22 14. BIRTHPLACE (city or town 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury..... 15. MAIDEN NAME 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place (Address Manner of injury..... 18. BURIAL, CREA Nature of injury..... 24 Was disease or injury in any way related to occupation of deceased?...... If so (Address) 20. FILED 2 -// (Address ...... Registrar. 

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

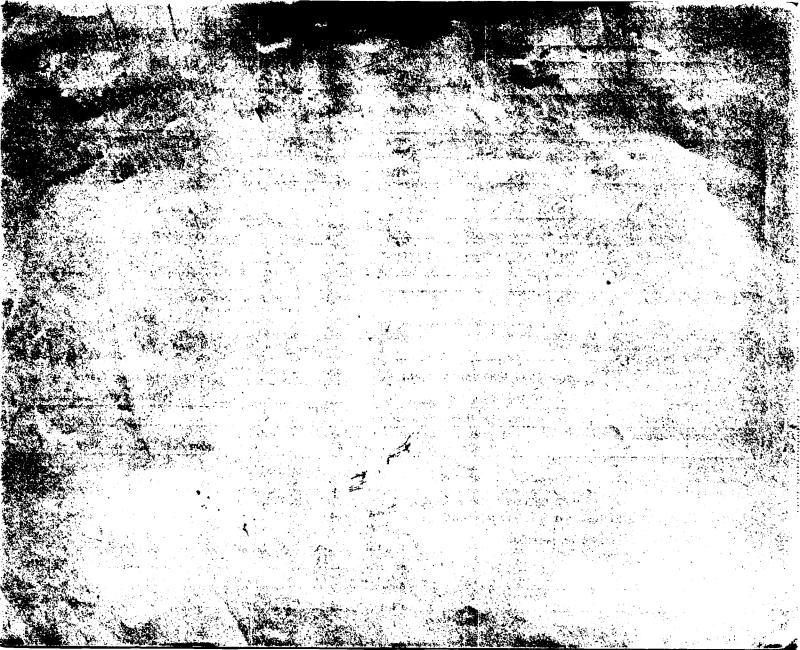
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#### EXAMPLE I

#### EXAMPLE II

EAAMPLE 1		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			

OF IDAHO PLACE OF BIRTH T OF PUBLIC WELFARE County of aneila OF VITAL STATISTICS of more birth a City of male 1 CERTIFICATE OF BIRTH No. ..... Registration District No. State File No. ... Prim. Registration District No. 2069 Local Registrar's No. L (If born in hospital or institution give time.) 2. FULL NAME OF CHILD 8. Date of 7. Legiti-If plural (4. Twin, triplet, or other\_\_\_\_ 6. Premature\_\_ 3. Sex births Full term mate? 4 (Monta, Day, Year) 5. Number, in order of birth... Male 18. Full MOTHER 9. Full FATHER maiden name 1 sell CIXX name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). 22. Birthplace (city or place) malad. Fidaho 13. Birthplace (city or place) Holbrooke, Idaha (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, N.W. typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. Oun Journs made sawmill, bank, etc. oun home lawyer's office, silk mill, etc. ..... 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work þe Prusent 19 Present 19 in this work..... in this work must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... A DING (At time of this birth and including this child) 28. Number of children of this mother WITH UNFA Separate Bet Before labor. 29. If stillborn. months 30. Cause of stillbirth... period of gestation 9 men XX or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Skillboxx \_\_\_at\_\_\_\_ m, on the date above stated. (Born Alive or Stilloren) When there was no attending physician ? (Signed) or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from Address WRITE one child a supplemental report..... (Date of) une 30, 198 9 Filed \ Registrar.



DIACE OF DEATH		
PLACE OF DEATH DEPARTMENT OF PUBL		S SPACE
County of Oneida BUREAU OF VITAL S		179
City of Malad CERTIFICATE O	F DEATH   State File No	
City OI	26	1.0 mg - 20
Primary Registration District No		Blandston t
Primary Registration District	No. 2064 Local Registrar's No	
Operation Operation	Vomito	
(If eath occurred in a hospital or institution, give	re its name instead of street and number)	A
2. FULL NAME Baby Tubbs (Still	horn)	. :
II-Theoret Tarl		
(a) Residence. No. Holbrook Idaho		
(Usual place of abode) Length of residence in city or town where death occurred. yrs. a	(If nonresident give city or town and a mos. ds. How long in U.S., if of foreign blith? Vis	state) s. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Bace, 5 Single Magnied Widow.	MEDICAL CERTIFICATE OF DEATE	may 2
3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the	21. DATE OF DEATH (month, day and year)	193 9
Male White Word Baby		U
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended de	ceased from
HUSBAND of (or) WIFE of	193, to	, 193
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 192'd	leath is said
May II 1939	to have occurred on the date stated above, at	
7. AGE Years Months Days If LESS than 1 day, hrs.	The principal cause of death and related cause	
1 day, hrs.	tance were as follows:	Date of onnet
O or 0 min.	XT II VIII	* ** * * * * * * * * * * * * * * * * * *
kind of work done, as spinner,		
kind of work done, as spinner, snwyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, snw mill, bank, etc.  10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this		
9. Industry or business in which work was done, as silk mill.		
5 saw mill, bank, etc		
10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this		
(mo. and yr.) occupation	Other contributory causes of importance:	* **
12. BIRTHPLACE (city or town) Malad	<u> </u>	
(State or country) Idaho	· · · · · · · · · · · · · · · · · · ·	A to the section of the section of
E 13. NAME Verl Albert Tubbs	<u> </u>	
	Name of operation	te of
14. BIRTHPLACE (city or town)Holbrook	What test confirmed diagnosis? Was there as	
State or country) Ldano		<del></del>
15. MAIDEN NAME Alta Gleed 16. BIRTHPLACE (city or town). Malad	23. If death was due to exter'l causes (violence) the following:	tratific
5 16. BIRTHPLACE (city or town). Malad	Accident, suicide, or homicide? Date of in	njury, 193.
(State or country) Idaho	Where did injury occur?	nd state)
17. INFORMANT Dell Jubbo	Specify whether injury occurred in industry, in	_
(Address) Helbrook Idaho	public place.	
18. BURIAL, CREMATION OR RIMOVAL	Manner of injury	
Pland Idaho Date Nav. I2 1939.	Nature of injury	
	24. Was disease or injury in any way related to	
19. UNDERTAKER Malad Idaho	of deceased? If so specify?	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed)	7 × A.
20. 1987. Registrar.	(Address)	El Class

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

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10.—The month and year the deceased last worked at the occupation.

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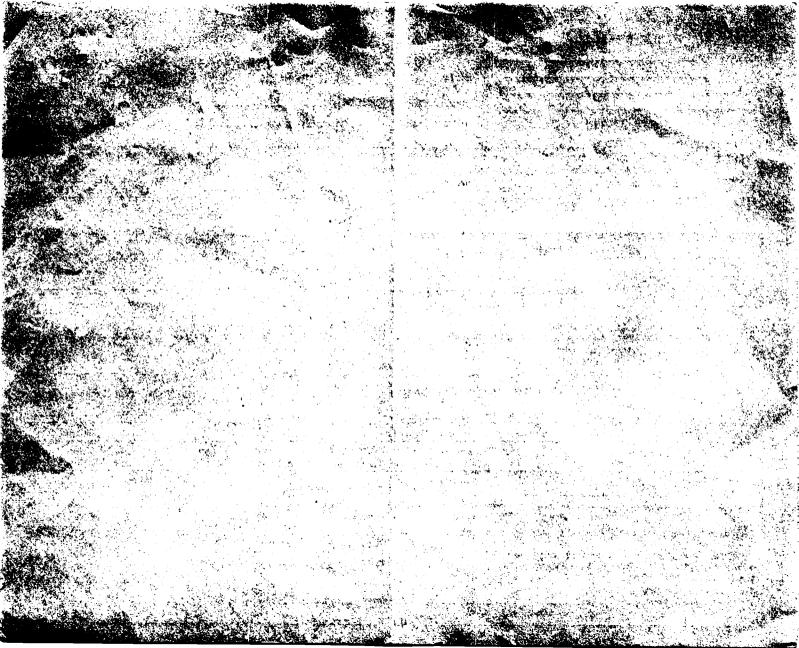
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EVAMBLE W

		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

153-127.040-291	
1. PLACE OF BIRTH	BTATE OF IDAHO
County of Arthril	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
City of Wallace No Carryon live & Resistante	CERTIFICATE OF BIRTH S 281879
No Carryon live st	
solutions   solution	n District NoState File No
(If born in hospital or institution give name.) Prim. Regi	stration District No. 16 11 Local Registrar's No. 104
2. FULL NAME OF CHILD Daby Boy	Julio -
If plural (4. Twin, triplet, or other6.	Premature 7. Legiti- 8. Date of
8. Sex births 5. Number, in order of birth	Full term 100 mate? 100 birth May 2 193
9. Full FATHER	18. Full MOTHER
name avid Oliver (lulio	name Lula May Transe
10. Residence (usual place of abode) (If non-resident, give place and State) Mullane	10 Posidores (usual place of abida)
	(If non-resident, give place and State). Mulland
11. Color or race	
13. Birthplace (city or place) State (State or Country)	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, murit	-   -   -   -   -   -   -   -   -   -
E 15. Industry or business in which	E 24. Industry or business in which
work was done, as silk mill, m	work was done, as own home,
Data (month and year)	Dos Dote (month and week)
last engaged in this work	last engaged in this work 26. Total 21me (years) spent
in this works	in this work
27. What prophylactic was used to prevent Ophthalmia Neo	natorum?
	rth and including this child)
	now living. (b) Born alive but now dead (c) Stillborn
29. If stillborn, months period of gestation	30. Cause of stillbirth
	During labor
	NG PHYSICIAN OR MIDWIFE 37
I hereby certify that I attended the birth of this child, who	(Born Alies or Sifforn)
When there was no attending physician	(Signed) State Surald - M. D.
or midwife, then the father, hoseholder, etc., should make this return.	
Give name added from	1110001911
a supplemental report (Date of)	Address Colon & Durin
Registrar.	Filed Resistant (1937)
mognetar.	V Company of the comp



STATE OF IDAHO should state PLACE OF DEAD OCCURA-DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF State File No ... Registration District No. PHYSICIANS 1333Primary B Local Regisrar's No .. JUL RECORD. (If destinoccurred in a hospital or institution, give its same instead of street and number) 2. FULL NAME. (a) Residence. No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERMANENT EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year ed or Divorced (write the BINDING word) 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced stated HUSBAND of ....., to ...... (or) WIFE of 6. DATE OF BIRTH (month, day, and y [ last saw h alive on 193 2: death is said to have occurred on the date stated above, at If LESS than 7. AGE Years Months Days The principal cause of death and related causes of importance should 1 day ..... hrs. were as follows: Date of onset 0 or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 9. Industry or business in which work was done, as silk mill, See instruction on saw mill, bank, etc. ...... 10. Date deceased last work-11. Total time (years) supplied. ed at this occupation spent in this Other contributory causes of importance: occupation (mo. and yr.) ..... 12. BIRTHPLACE (city or town) (State or country) carefully 13. NAME 🛊 What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (city or town) very important. (State or country) 23. If death was due to exter'l causes (violence) fill in also the information should be following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury...... 193.... Where did injury occur? ..... 16. BIRTHPLACE (city or town (Specify city or town, county, and state) (State or\_country) Specify whether injury occurred in industry, in home, or in OF. 17. INFORMAN public place. (Address) Manner of injury..... 18. BURIAL CRI Nature of injury..... LION 24. Was disease or injury in any way related to occupation of UNDERTAKER deceased? ..... (Signed) (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

- 8.—The trade, profession, or paricular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

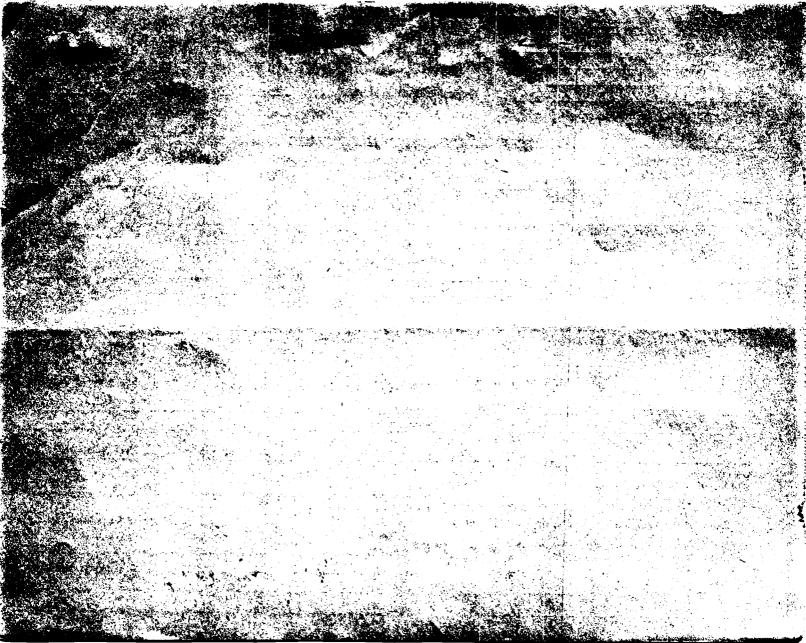
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EVANDIE II

			14211WII 1119 II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN		
	***************************************			
	***************************************		***************************************	

1 PLACE OF BIRTH County of State of Sta	
1. PLACE OF HIRTH  County of Sharker  City of Fredry 9	DEPARTMENT OF PUBLIC WELFARE
County of Sharkone	BUREAU OF VITAL STATISTICS
City of Feelings	CERTIFICATE OF BIRTH 201000
1 4 4 0 minute sum francisco de la company d	14 3
Registration Registration	District No. 123 State File No.
(If born in hospital or institution give, name.) Prim. Regi	stration District No. 2201 Local Registrar's No.
2. FULL NAME OF CHILD The level Course	
If plural (4. Twin, triplet, or other	Premature
8. Sex lemela births	birth 5 1937
5. Number, in order of birth	
9. Full FATHER	18. Full MOTHER maiden 62
name Day Dyrd	name Olizabeth Schwidt
10. Residence (usual place of shode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race while 12. Age at last birthday 26 (yea	
13. Birthplace (city or place)	22. Birthplace (city or place)
(State or Country)	(State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
sawyer, bookkeeper, etc	E 24. Industry or business in which
work was done, as silk mill,	work was done, as own home,
B sawmill, bank, etc.	lawyer's office, silk mill, etc.
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spen	of work done, as nousekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work 26. Total time (years) spent
1 1	to Abia seeds
in this work	1
27. What prophylactic was used to prevent Ophthalmia Neo	
28. Number of children of this mother (At time of this bit	th and including this child)
(a) Born alive and i	now livingO (b) Born alive but now dead
29. If stillborn, months period of gestation full terms. or weeks	30. Cause of stillbirth out matter. Before labor.
il	detatchment of places burning labor
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who	and a tiple of the state of the date above stated.
1	(Born Alive or Still on)
When there was no attending physician or midwife, then the father, hoseholder, etc.,	(Signed) M. D.
should make this return.	or, Midwife
Give name added from	Address Holling Stato
a supplemental report (Date of)	
	Filed June 30 1, 193 9 This . Nelin In Medi
Registrar.	U spoguaterar.
	<b>A</b>



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

TOXAMPIR T

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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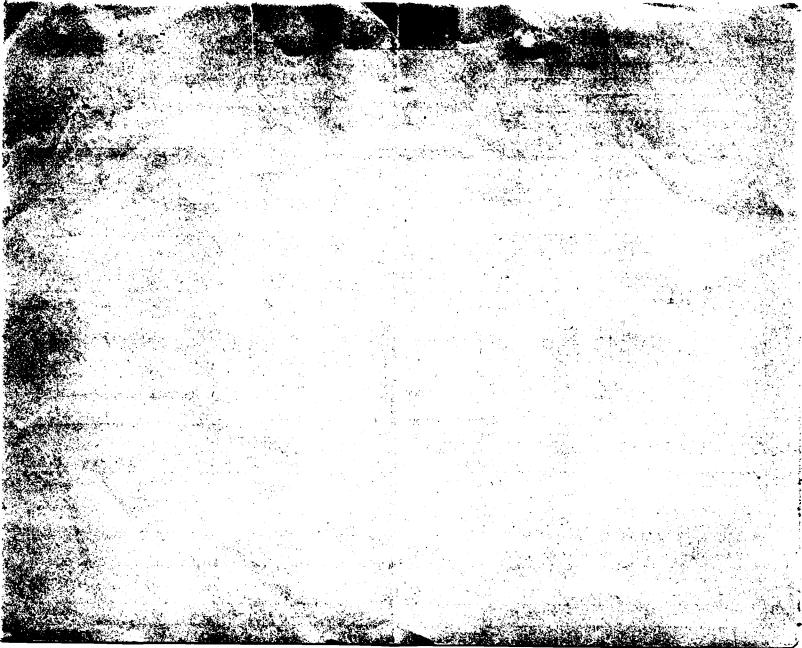
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11

ETVAREDT EL TE

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
	******************************		***
	******************************		······································

281-1191040-444 RTATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 1933 BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH Registration District No. 70 State File No. 28188 ö Prim. Registration District No. 1011 Local Registrar's No. 1 (If born in hospital or institution give name.) Man 2. FULL NAME OF CHILD... 8. Date of If plural (4. Twin, triplet or other 6. Premature. 7. Legiti-8. Sex 4 Kine 19 births mate? 440 Full term 5. Number, in order of birth. (Month, Day, Year) 9. Full MOTHER 18. Full FATHER name maiden mumbe name 10. Residence (usual place of abode) 19. Residence (usual place of abode) Nullan (If non-resident, give place and State)... (If non-resident, give place and State) 20. Color or race 22. (years) 13. Birthplace (city or place) Salt-22. Birthplace (city or place)..... (State or Country) (State or Country) run 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner. of work done, as housekeeper, sawyer, bookkeeper, etc. \_\_\_\_\_ typist, nurse, clerk, etc. ... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. ..... lawyer's office, silk mill, etc. ... 16. Date (month and year) 25. Date (month and year) 17. Total time (years)/spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work 622 in this work 2 2 El 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother 2 (At time of this birth and including this child) 29. If stillborn, months period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE I hereby certify that I attended the birth of this child, who was .... m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address . a supplemental report... (Date of) Rogistrar.



	VISION OF PUBLIC HEALTH TE OF DEATH  Registered No	
County of Registration I City of Primary Reg.  (Hope, Hospital or Institution)  County of Registration I City of County of Registration I	Dist. No. /0// nospital or institution	
Length of residence in County where death occurred	How long in U. S. If of foreign birth?	
2. FULL NAME CERUI Stury (a) Residence:	(If non-resident give city or county and state)	
(%) Legidence:	(If non-resident Bive or of county and state)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. MALE 4. White Black, 5. Single, Married, Widowed, Vellow, Red, or Divoged (write the word)	21. DATE OF DEATH (month, day and year) June - 19 - 39.	
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from	
Husband of (or) Wife of	I last saw h alive on 19 Death is said	
6. Date of Birth (Month, day and year from -/9 -/939  7. AGE Years Months Days If less than 1 day hrs. min.	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:    Continue   Continue	
8. Trade, profession, or particular kind of work done	-3/// 68KM	
e none		
9. Industry or business in which work was done	Cause-UNINOUN	
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation)	Contributory causes of importance not	
and year)  12. BIRTHPLACE (City or Town, County and State, or Country)	Contributory causes of importance not related to principal causes	
5 13. NAME LOW Show.	Where was disease first diagnosed?	
14. BIRTHPLACH (City or Town County and State, or Country)	Name of operation date of	
" State	Condition for which performed	
I WAR WAR LANGE I MY HILLOW	What test confirmed diagnosis?	
15. MAIDEN NAME COUNTY and State, or Country)	Was there an autopsy? NO Was there an inquest?	
E wwa	23. If death was due to external causes, fill in also the following:	
17. SIGNATURE OF JOHN Shart.	(Check) Accident—Suicide—Homicide? Date of injury	
INFORMANT TO THE TOTAL OF THE T		
The second of District A	Check whether injury occurred in industry_ home public place	
Place Date 11 Date Well 1,39	Manner of injury	
19. UNDERTAKER (ABlow (Wards)	Nature of injury	
(Address)	deceased? If so, specify	
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	(SIGNED) Ethouses M. D.	
On (Date) by Registrar	(Address)	

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To be complete an occupation return must state:

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

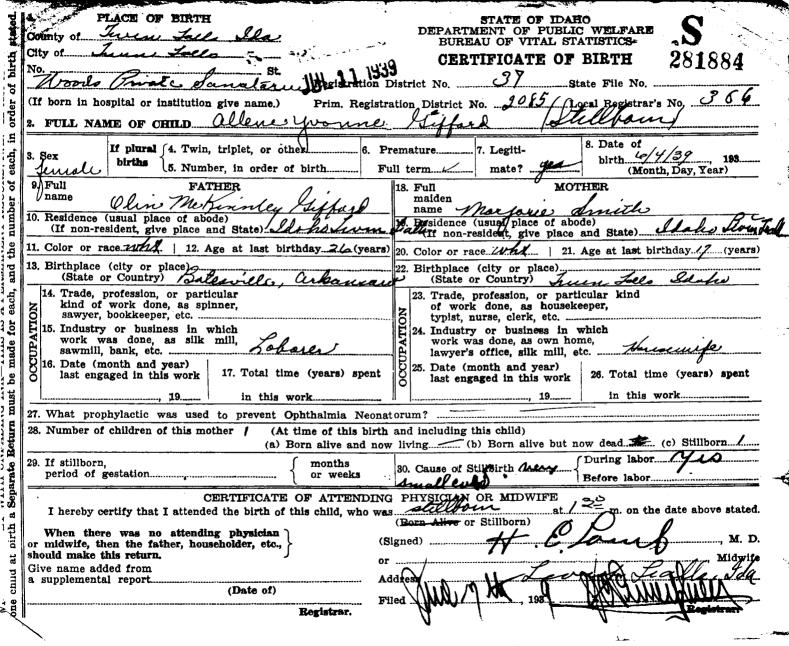
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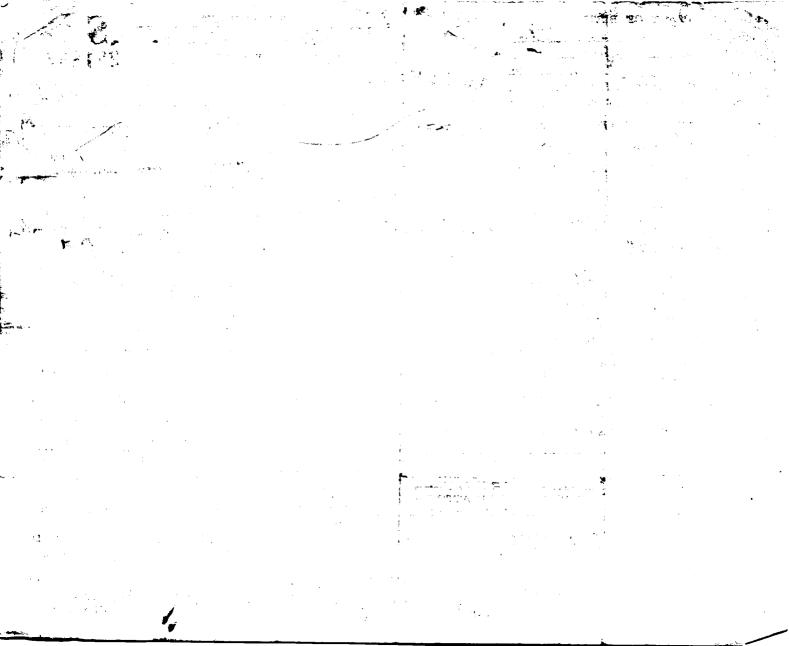
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EXAMPLE I		EXAMPLE II			
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Arteriosclerosis	1915	Attack of epilepsy	1 week	ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week	ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days	ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 yes	ar	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
	*************************		***************************************	•••••	





	(Home, Hospital or Institution)						
	Length of residence in County Yrs. Mos. Days where death occurred						
is a permanent record carefully	2. FULL NAME Allane Yvonne Gifford (a) Residence: 718 4th Ave W						
<b>H</b>	PERSONAL AND STATISTICAL PARTICULARS  3 MALE   4. White, Black,   5. Single, Married, Widowed						
e	FEMALE Yellow, Red or Divorced (Write the word						
an B	Female White Single						
erm ully	Husband of (or) Wife of						
is a perm carefully	6. Date of Birth (Month, day and year) June 4, 1939						
ුනු ප	7. AGE Years Months Days If less than 1 day						
This i	8. Trade, profession, or particular kind of work done						
Ė ĕ	Infant.						
l a	9. Industry or business in which work was done						
	10. Date deceased last worked at this occupation (month)  11. Total time (yrs.) spent in this occupation						
St.	and year)						
ari ari	12. BIRTHPLACE (City or Town, County and State, or Country						
Unfading In Explanations	'Iwin Falls, Idaho						
로 <sup>프</sup>	13. NAME O.M. Gifford						
y with Read	14. BIRTHPLACE (City or Town, County and State, or Country						
28	Arkansas						
<u> </u>	15. MAIDEN NAME Marjory Smith						
Pla	15. MAIDEN NAME MAY JOYY SMITH 16. BIRTHPLACE (City or Town, County and State, or Country  Twin Falls, Idaho						
<b>₹</b>	17. SIGNATURE OF COMM.						
ĭ. K	INFORMANT G. W.						
	(Address) / www. Valli- Valles						
	18. BURIAL, CREMATION OR REMOVAL  Place Twin Folls Compton Date 6-5 1935						
	Place Twin Falls Comoter Bete 0-5 1925						
	19. UNDERTAKER Thin Falls, Idaho						
	(11441041)						
	20 FILED AND BURIAL OR SEMPLAL PERMIT ISSUED						

.....Registration

1. PLACE-OF DEATH

		VISION OF PUBLIC HEALTH TE OF DEATH-	Registered		1400
Re	egistration	Dist. No. 3.7 Dist. No. 1085	I GIVE II	is name i	urred in nstitution nstead of
ariumLo	ocal Registi	rar's No. 132	street	and num	ber.
Yrs. Mos.	Days	How long in U. S. if of foreign birth?	Yrs.	Mos.	Days
Yvonne Gi	fford	JUL 11 1939			
Ave W		(If non-resident give city	v or county	and state)	
		MEDICAL CERTIF			
5. Single, Marrie or Divorced (write	d, Widowed, te the word)	21. DATE OF DEATH (month, day and year) Jur	ne 4. 1	939	
Single	)	22, I HEREBY CERTIFY, That			
		June 4 the 19 ft.	to Jus		193,
		I last saw h. 4. alive or	ain.		eath is said
. 1939		to have occurred on the date stat The principal cause of death a causes of importance in order of	ed above, at	1:30	of Onset
If less the	an 1 day	causes of importance in order of	onset were	Yr.	Mo Day
hrsr	min	as foliows:		1	1
kind of work do	ne	my small e	(AA, f)		
					)
work was done					
L. Total time (y	rs.) spent in	i			
this occupation	ם	- I important			
		Contributory causes of importance related to principal causes	e not	<b>  -</b>	
unty and State,	or Country)				
Idaho		-			
đ		Where was disease first diagnose	d?		
county and State,	or Country)	<b>\                                    </b>	da	te of	
		Condition for which performed			
ry Smith		R .			
County and State,	or Country	What test confirmed diagnosis? . Was there an autopsy?		an inques	ıt?
Falls, Id					
1 5		23. If death was due to external (Check) Accident—Suicide—Hom	causes, illi Anton Detec	in siso in	e tonowing:
land		10 Where did into	ry occur?		
- Theko		(Specify	city or town,		
VAL		Check whether injury occurred in	industry	home pu	iblic place
Pete 6-	1939	- 1			
hillen	1	Nature of injury	ny wev role	ted to co	cupation of
ls. Idaho	)	11 1		00	parion O
TAL PERMIT IS		deceased? If so, specif	7		
The February	1	460	Line	K	
IBIIVI asiiidee.	N.	(SIGNED)	الملاحيا	1.)	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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TOTAL A SECTION ....

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11.—The number of years the deceased followed the occupation.

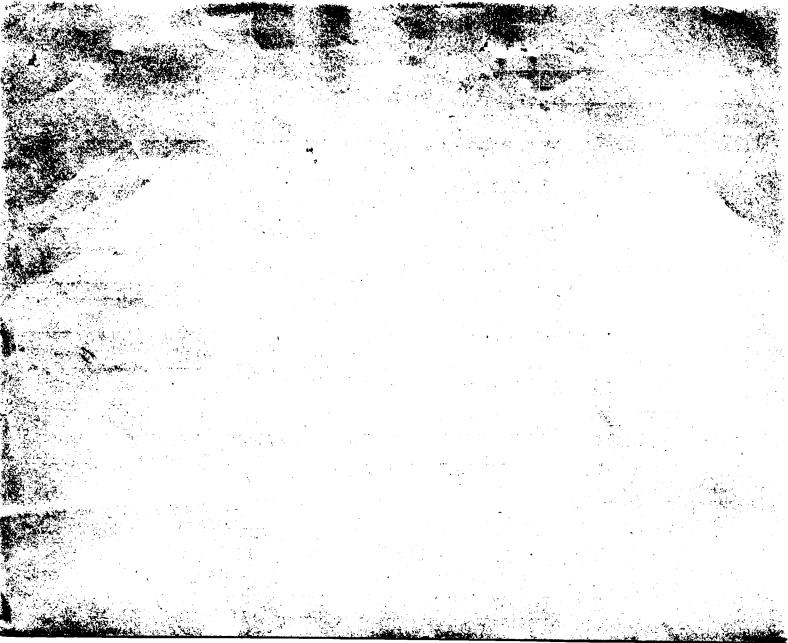
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The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage	Date of onset  1915  1921  July 5, 1927	EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset  1 week ago 1 week ago 3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			***************************************

tated.	1. PLACE OF BIRTH  County of July DEPARTMENT OF PUBLIC WELFARE 281885  BUREAU OF VITAL STATISTICS
# 1	City of CERTIFICATE OF BIRTH S
7	(If born in hospital or institution give name.) Prim. Registration District No. 30.85 Local Registrar's No. 327
- 8 II	2. FULL NAME OF CHILD Wanter June Cacker Stellton
each, in	3. Sex births (5. Number, in order of birth Full term (1) mate? 4. Month, Day, Year)
rber of	10. Full name Meriel Bryon Eacker 18. Full maiden Thelma Darline Buster
~ II	10. Residence (usual place of abode)  (If non-resident, give place and State)
73 ∥	11. Color or race
each, a	(State or Country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  (State or Country)  (State or Country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
ade for	15. Industry or business in which work was done, as silk milk, the work was done, as own home, sawmill, bank, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
st be mad	16. Date (month and year) last engaged in this work in th
	27. What prophylactic was used to prevent Ophthalmia Neonatorum?
Return	28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living
rate B	29. If stillborn, period of gestation are the stillborn or weeks 30. Cause of stillbirth for the stillborn or weeks
e B	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 335
8	I hereby certify that I attended the birth of this child, who wasat & a m. on the date above stated.  (Born Alive of Stillborn)
at birth	When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.  (Signed) , M. D. Or , Midwife
ld g	Give name added from a supplemental report
e chi	(Date of) Filed 7 7 , 198 9
: 8 ▮	Registrar. Registrar.



deceased?\_\_\_\_\_ If so, specify

(Address)

Tdaho

Twin

by.

(Address)

20. FILED AND BURIAL OR

(Date)

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

1. PLACE OF DEATH

CERTIFICATE OF DEATH

Registered No.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

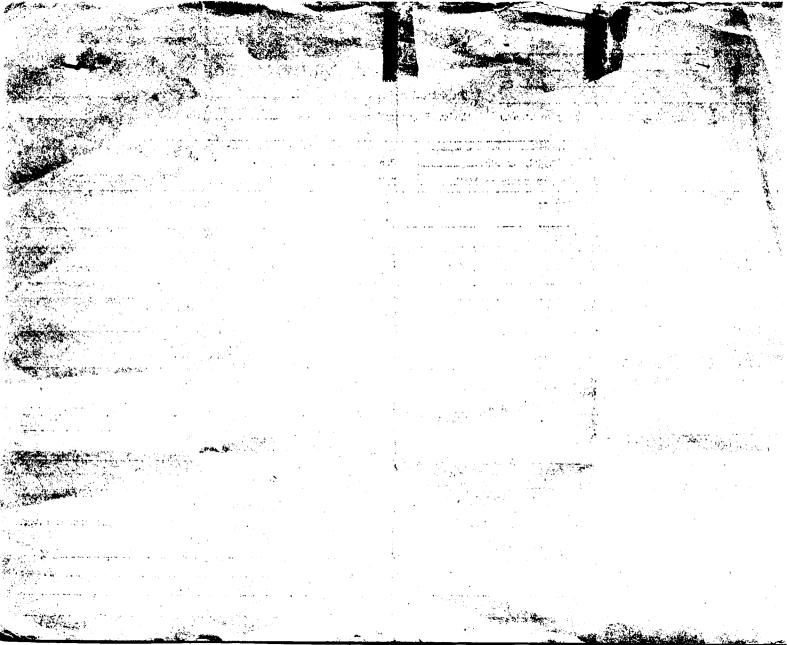
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Estate File No. 281886 Registration District No. ..... Prim. Registration District, No. ... (If born in hospital or institution give name.) Local Registrar's No. 2. FULL NAME OF CHILD. 8. Date of If plural (4. Twin, triplet, or other 6. Premature 7. Legitibirth June 30 PERMANENT RECORD. N. ch, and the number of each, 3. Sex *M* births [5. Number, in order of birth..... Full term..... mate? (Month, Day, Year) 9. Full **FATHER** 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Auntuly, (If non-resident, give place and State) Pumbed. 13. Birthplace (city or place) Silvan 22. Birthplace (city or place) Addited to and (State or Country) orkenses (State or Country) A PEJ each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner now W.P.A. sawyer, bookkeeper, etc. of work done, as housekeeper, typist, nurse, clerk, etc. PLAINLY WITH UNFADING INK—THIS IS I at birth a Separate Return must be made for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and vear) 25. Date (month and year) 17. Total time (years) spent 26. Total time (vears) spent last engaged in this work last engaged in this work in this work 3 400 Drugot 19 in this work 10 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead........... (c) Stillborn During labor Toballa 29. If stillborn. months 30. Cause of Stillbirth Caurl period of gestation \_\_\_\_\_\_\_. or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was a sufficient ...at...... m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician, (Signed) or midwife, then the father, hoseholder, etc., should make this return. ...... Midwife Give name added from WRITE one child a supplemental report..... (Date of) Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DEATH in See instruc-DO NOT WRITE IN THIS SPACE County of Twin Falls BUREAU OF VITAL STATISTICS City of Twin Falls CERTIFICATE OF DEATH Registration District No...37

Primary Registration District No. 2085 Local Registrar's No. 150 important. (NEwin Falls Co.Farm Annex ) (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Baby Allen (a) Residence No. Kimberly, Idaho St. OCCUPATION is very (Usual place of abode)

O Off nonresident give city or town and state)

Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year) /3() 1939 owed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced 6/30/ 1939 to 6/30/ 1939 HUSBAND of I last saw him XKM on 6/30/ 1939 death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 6/30/39 If LESS than The principal cause of death and related causes of im-Months Days 7. AGE Years 1 day ..... hrs. portance were as follows: Date of onset 0 0 0 or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, UNFADING INK-THIS IS Infant sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... 11. Total time (years) 10. Date deceased last workspent in this ed at this occupation (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) Twin Falls. (State or country) Tdaho What test confirmed diagnosis?... 13. NAME Alex Allen 14. BIRTHPLACE (city or town Siloam, 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide? Late of injury U.S. 15. MAIDEN NAME Dorothy Dobbs 193..... 16. BIRTHPLACE (city or town)..... (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or X17. INFORMANT ... QUEST in public place WO (Address) Manner of injury..... 2 18. BURIAL, CENEMATION Nature of injury ... Place Filer Co. Cem Date 7/1 plnod 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?....l 20. FILED.**\( \)** (Address The in Falls Idaho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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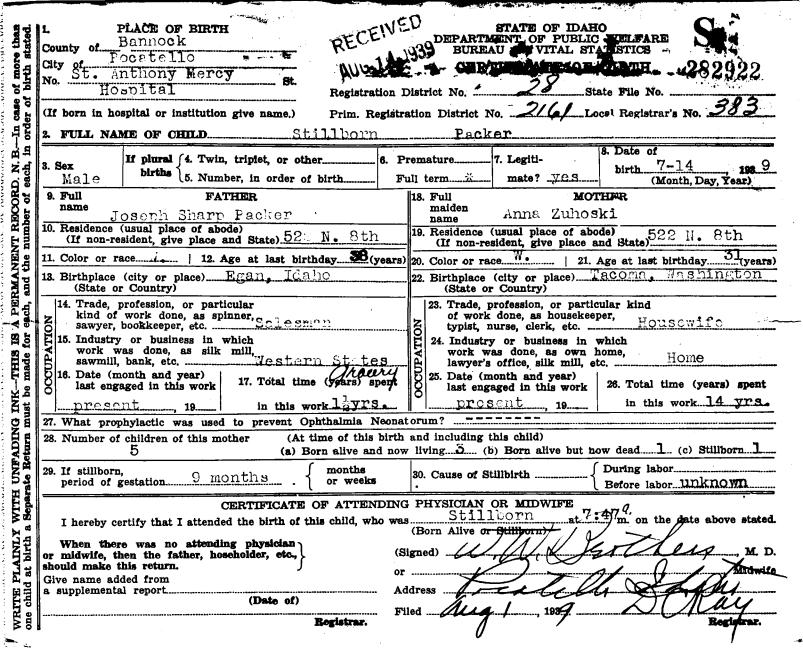
11.—The number of years the deceased followed the occupation.

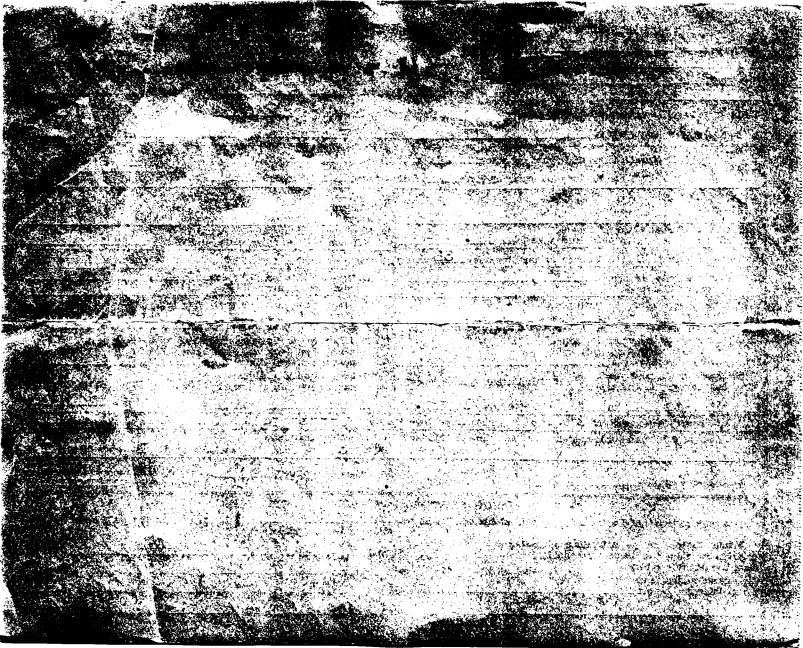
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EXAMPLE I  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	EXAMPLE II  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	





1. PLACE OF DEATH STATE OF IDAHO — DI	VISION OF PUBLIC HEALTH TE OF DEATH	Registered No. 11338
County of Registration City of Asserting Registration Primary Reg.	Dist, No	If death occurred in hospital or institution give its name instead of
City of Charles Registre (Home, Hospital or Institution)  Primary Reg.  Local Registre	ar's No. 147	street and number.
Length of residence in County Where death occurred 0 0 0	How long in U.S. If of foreign birth?	Yrs. Mos. Days
CELL NAMES Supart Gacker		
(a) Residence:	(If non-resident give city	or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
3. MALE 4. White, Black, FEMALE Yellow, Red 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year) 22. I HEREBY CERTIFY, That I	ettended decessed from
5a. If married, widowed, or divorced Husband of	22. I HEREBI CHRIIF I, MILL	19
6. Date of Birth (Month, day and year) July 14, 39	I last saw all to have occurred on the date state The principal cause of death an	d above, atm
7. AGE Years Months Days If less than 1 day	causes of importance in order of o as follows:	d related   Date of Onset   Yr.   Mo.   Day
8. Trade, profession, or particular kind of work done	Sillen	
9. Industry or business in which work was done		
10. Date deceased last worked 11. Total time (yrs.) spent in at this occupation (month this occupation	Contributory causes of importance	
and year)  12. BIRTHPLACE (City or Town, County and State, or Country)	related to principal causes	1737 July -1
13. NAME Torefell Parker	Where was disease first diagnosed	
14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation	date of
15 MATTIEN NAME Anna Suhoski	Condition for which performed	Clines
16. BIRTHPLACE (City or Town, County and State, or Country)	23. If death was due to external	
17. SIGNATURE OF OF Cacher (Address) 5227, 87	(Check) Accident—Suicide—Homic	
18. BURIAL, CREMATION OR REMOVAL Place Mand annuly Date 14/4 1939.	Check whether injury occurred in Manner of injury	industry home public place
19. UNDERTAKER BYRAN 9. Jou nard	Nature of injury  24. Was disease or injury in an	
(Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased? If so, specify	
7-20 10-9 hv	(SIGNED)	Ir fly wy
On (Date) Registrar	(Address)	Lety BANG

STATEMENT OF OCCUPATION.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant--private family, cook--hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE 1

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

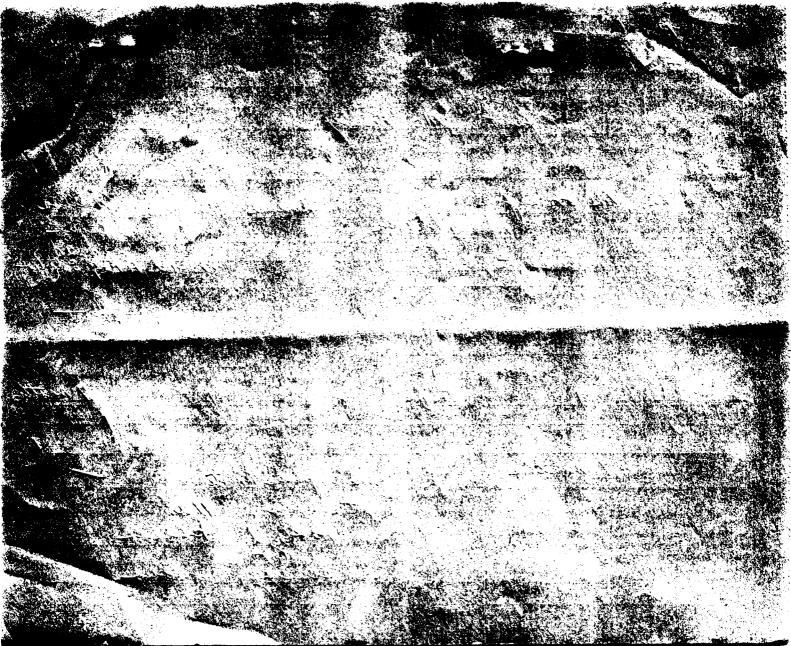
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	•••••		

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH In case of order of Registration District No. . State File No. . Prim. Registration District No. 2194 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD Sufe 무급 8. Date of If plural 4. Twin, triplet, or other..... 6. Premature 25 7. Legitibirths 5. Number, in order of birth..... Full term... tems mate? (Month Day, Year) 9. Full FATHER 18. Full MOTHER name k melly maiden (If non-resident, give place and State) Aulley Pt. 2 3019. Residence (usual place of about 10. Residence (usual place of abode) (If non-resident, give place and State).... 12. Age at last birthday 24 (years) 11. Color or race. 20. Color or race... 21. Age at last birthday... 2.4 (years) 13. Birthplace (city or place) Escalante 22. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. ...... lawyer's office, silk mill, etc. . 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work 7 Most in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....Q... (b) Born alive but now dead....Q... (c) Stillborn..... During labor .... 29. If stillborn. months 7 months 30. Cause of Stillbirth America period of gestation. or weeks Before labor..... CERTIFICATE OF ATTENDING PHONICIAN OR MIDWIFE Stillhoin at MCC. m. on the date above stated. I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn) When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.



₩ @ L	PLACE OF DEATH	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEPARTMENT OF PURI	
<b>8-5</b>		
ery ites sbould of OOCI	City of Stielley CERTIFICATE O	F DEATH State File No. 115300
o sp.	RECEIVED Registration District No	
ENS E	Au6 5 1939 Primary Registration District N	io 2/94 Local Registrar's No. 26
	(If death occurred in a hospital or institution, g	ive its name instead of street and number)
RECORD. PHYSICI ct statem	2. FULL NAME Infant Mc Inelly	***************************************
E to	(a) Residence. No.	St.
· · · · · · · · · · · · · · · · · · ·	(Usual place of abode)	(If nonresident dire etter an term and state)
	Length of residence in city or town where death occurred. yrs. m	os. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
S S S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DRATH
5 × 5 × 5	3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the word) Infaut	21. DATE OF DEATH (month, day and year) July 16 1939
BINDIN A PERI stated Ex erly class cate.	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from July 16 , 1939, to July 16 , 1939
B A Sta	6. DATE OF BIRTH (month, day, and year) July 16/39	I hast saw h&1. alive on Stillery 193 39 death is said
FOR S IS IS be prop	7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at// @ .m
	of the Ation 1 day hrs.	The principal cause of death and related causes of importance were as follows:
THE Should by be k of ce	or min.	anencephalic Monster 7/16/30
S S S S	8. Trade, profession, or particular kind of work done, as spinner,	
ESEB INK AGE t it m n bac	sawyer, bookkeeper, etc.  9. Industry or business in which	***************************************
	work was done, as silk mill, saw mill, bank, etc.	***************************************
	kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work- ed at this occupation spent in this	Other contributory causes of importance:
E S E S E	(mo. and yr.) occupation	Prematury
MARGIN EL UNFADING Ily supplied. A terms, so that	12. BIRTHPLACE (city or town) Melly Holes (State or country)	
S D P 2 d		200
WITH sarefull plain t	13. NAME Also The Melly	Name of operation
<b>5</b> 5 7	13. NAME Also the Thelly 14. BIRTHPLACE (city or town) Escalante Litage (State or country)	What test confirmed diagnosis? Was there an autopsy?
		23. If death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury, 193
PLAINLY should b DEATH ry fmports	15. MAIDEN NAME Florence Virginia Miller 16. BIRTHPLACE (city or town) Mild John Das (State or country)	Where did injury occur?
I S O A	17 INFORMANT Dean Me Toolly	Specify whether injury occurred in industry, in home, or in
	(Address)	public place.
-WRITE Information CAUSE OF ITON is ver	18. BURIAL CREMATION OF REMOVAL	Manner of injury
-WR inform CAUS TION	Place North Century Date 7.17 1937	Nature of injury
, • E	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
m	(Address)	deceased? If so, specify Achies M. D.
Ż	20. FILED 7-17 , 1939 Mrs Stales & t alex Registrar.	(Address) Shelly John

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of vartous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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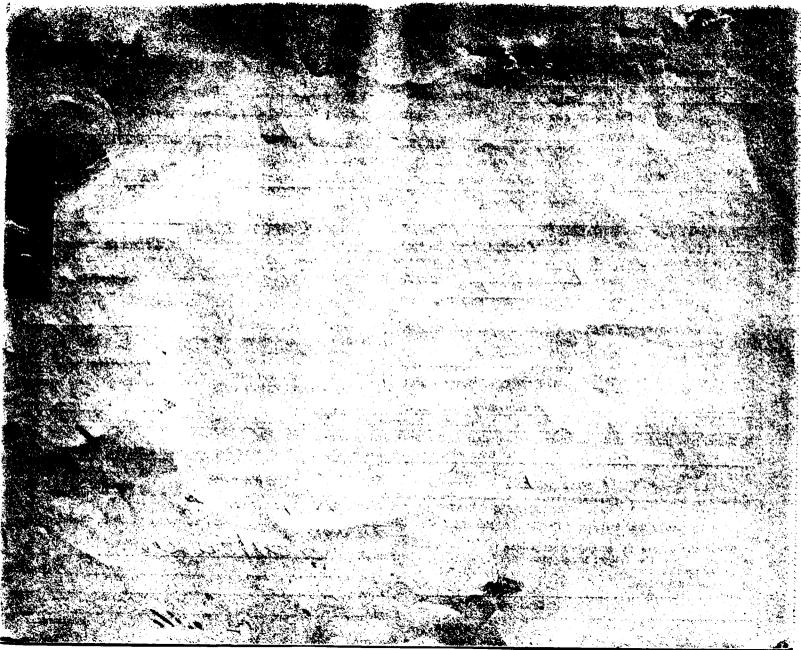
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ADDITIONAL SPACE	FOR FURTI	HER STATEMENTS BY PHYSICIAN	
			***************************************
	••••••		**********************
	***************************************		

JUL 14 1939 STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE Bonner BUREAU OF VITAL STATISTICS 282924 County of. of more CERTIFICATE OF BIRTH No. State File No. Registration District No. ..... Prim. Registration District No. 2/5.5 Local Registrar's No. 29 (If born in hospital or institution give name.) Stillborn Lænce FULL NAME OF CHILD 8. Date of 7. Legitl-birth Jane 1 100 8. Sex births mate? Kes (Month, Day, Year) 5. Number, in order of birth..... Full term.... remale MOTHER II8. Full 9. Full FATHER maiden name Macar (400T9C name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Sandpaint L (If non-resident, give place and State) 9 and onint. The 11. Color or race | 12. Age at last birthday (years) 20. Color or race | 21. Age at last birthday 26. (years) 22. Birthplace (city or place) LaCrosse, Wis. 13. Birthplace (city or place) Path City. Tront. (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular each, rade, profession, of particles, kind of work done, as spinner, Truck of work done, as housekeeper, HOUSENIFE typist, nurse, clerk, etc. for 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. Out Hazar made sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work þe JG INK-must be in this work..... 19..... in this work..... \_\_\_\_\_ 19..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver mitted 270 UNFADING to Return mu (At time of this birth and including this child) 28. Number of children of this mother months 29. If stillborn. 30. Cause of stillbirth Toxemis WITH UN Separate period of gestation 7 7770 n ths or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE et5.40 m, on the date above stated. I hereby certify that I attended the birth of this child, who was Stillbarm PLAINLY 1 at birth a (Born Alive or Stillborn) When there was no attending physician ) or midwife, then the father, hoseholder, etc., should make this return. ...... Midwife Address Sandpoint, Idaha WRITE Pope child Give name added from a supplemental report..... (Date of) Registrar. Registrar.



	VISION OF PUBLIC HEALTH TE OF DEATH Registered No
County of Bonner Registration City of Sandpoint Primary Reg.  Graham Hospital Local Registr (Home, Hospital or Institution)	
Length of residence in County Yrs. Mos. Days where death occurred	
2. FULL NAME Stillborn Lance (a) Residence: 815 Poplar St.	How long in U. S. If of foreign ITS. Mos. Days  (If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS  3. MALE FEMALE Yellow RAM Or Divorced (write-the word)  5a. If married, widowed, or divorced Husband of (or) Wife of	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month, day and year)  22. I HEREBY CERTIFY, That I attended deceased from  19  I last saw h alive on
6. Date of Birth (Month, day and year) June 1, 1939  7. AGE   Years   Months   Days   If less than 1 day   Stillbirth   hrs. min.   min	to have occurred described and related causes of importance in order of onset were as follows:    The principal cause of death and related causes of importance in order of onset were as follows:   The principal cause of death and related causes of importance in order of onset were as follows:   The principal cause of death and related   Date of Onset   Yr.   Mo.   Day
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Sandpoint, Idaho	Contributory causes of importance not related to principal causes
13. NAME George Lance 14. BIRTHPLACE (City or Town, County and State, or Country)  Park City, Montana  15. MAIDEN NAME Truline Sims 16. BIRTHPLACE (City or Town, County and State, or Country)	Where was disease first diagnosed?  Name of operation date of  Condition for which performed  What test confirmed diagnosis?  Was there an autopsy? Was there an inquest?
17. SIGNATURE OF Senge Lane (Address) Sandpoint Idaho  18. BURIAL, CREMATION OF REMOVAL Place Pinecrest Seme ber pate June 2 19.39	23. If death was due to external causes, fill in also the following:  (Check) Accident—Suicide—Homicide? Date of injury
19. UNDERTAKER L.G. MOON (Address) Sandpoint Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  on (Date) By Registrar	24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Address)  M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE T

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

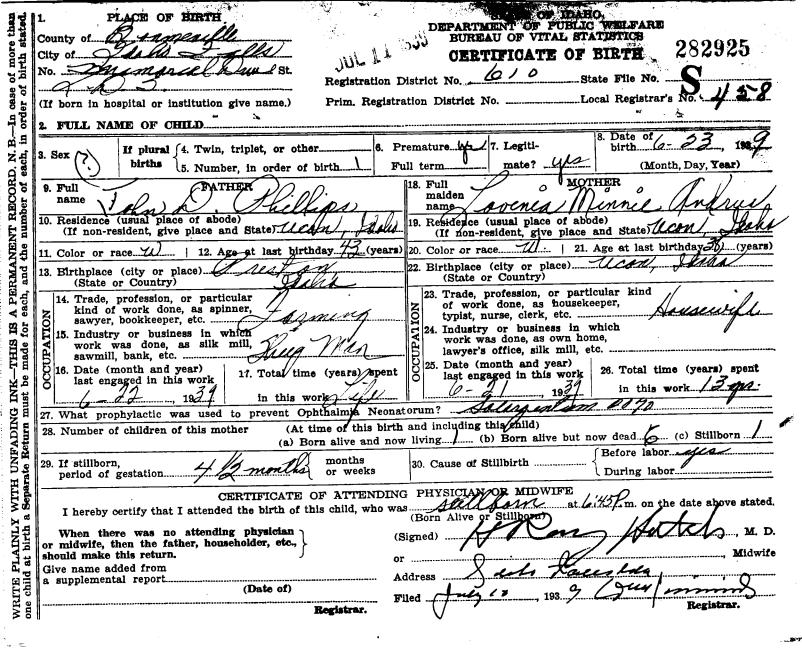
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

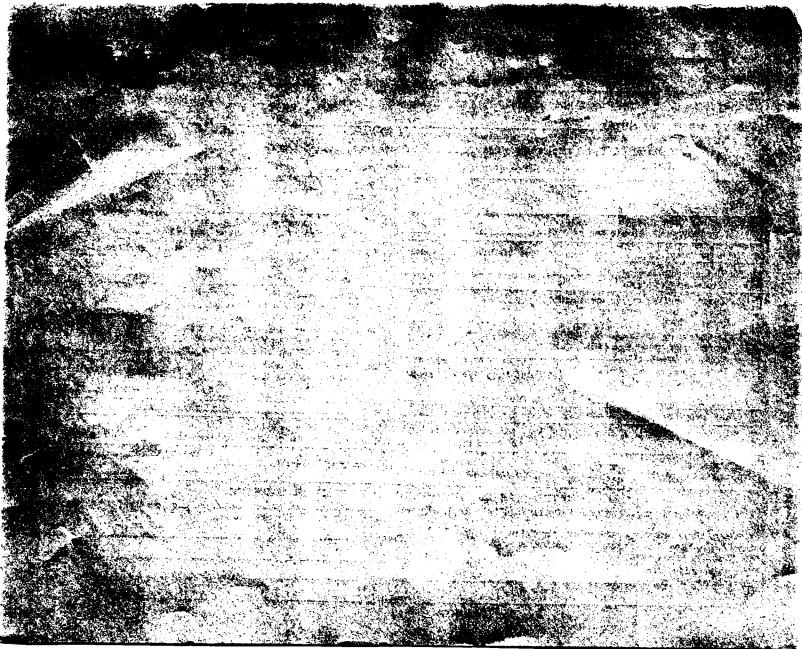
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

EXAMPLE II

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
********		
*****		
	1921  July 5, 1927  May 1, 1923	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:





DECTIVED	VISION OF PUBLIC HEALTH. Registered No.	₹4
1. PLACE OF DEATH  County of Bonneville JUL 1 CERTIFICA  Registration 1	TE OF DEATH Registered No	
Bonnavilie JUL 19083911F1CA	C10	In
City of Idaho Falls Primary Reg.	Dist. No	ion
City of 10 to 10 cm t 2 T	Dist. No give its name instead street and number.	° I
L.D.S.KOSPILAL Local Registr (Home, Hospital or Institution)	ar 8 No.	
Length of residence in County Yrs. Mos. Days where death occurred	How long in U. S. if of foreign Yrs. Mos. Days birth?	
2. FULL NAME		
(a) Residence: Idaho Falls, Idahp	(If non-resident give city or county and state)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
R MALE 4. White, Black, 5. Single, Married, Widowed,	21. DATE OF DEATH (month, day and year) une 23, 1939	
White ' - '	22. I HEREBY CERTIFY, That I attended deceased from	is and
5a. If married, widowed, or divorced Husband of		<u>. </u>
(or) wile of	I last saw h alive on born dead 19 Death is	
6. Date of Birth (Month, day and year) une 23, 1939	to have occurred on the date stated above, at	m.
	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were	
1 - 1 - 1 - 1 - 1 - 1 - 1	as follows:	Day
7. AGE Still-birth hrs. U min. U  1. 8. Trade, profession, or particular kind of work done	still born macerated	i
i	fetus	l
9. Industry or business in which work was done		
a c		
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation		
at this occupation (month this occupation	Contributory causes of importance not	
and year)	related to principal causes	
12. BIRTHPLACE (City or Town, County and State, or Country)	Mother has had numerous	
Idaho Falls, Idahe	premature miscarriages.	
13. NAME John D. Phillips	Where was disease first diagnosed?	
13. NAME JOHN D. Phillips 14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation date of	
Preston, Idaho	Condition for which performed	
<del></del>		
15. MAIDEN NAMESarch Rechel Turinar 16. BIRTHPLACE (City or Town, County and State, or Country)	What test confirmed diagnosis?	********
16. BIRTHPLACE (City or Town, County and State, or Country) UCON, Idaho	Was there an autopsy? Was there an inquest? 23. If death was due to external causes, fill in also the follow	
1 SIGNATURE OF	(Check) Accident—Suicide—Homicide? Date of injury	
INFORMANT	19 Where did injury occur?	
(Address)	(Specify city or town, county and state	
18, BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public pla	100
Place Date19	Manner of injury	<del></del>
	Nature of injury	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation	n of
(Address)	deceased? If so, specify	**********
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	INAN INTER	
	(SIGNED) TO COLD MAN	£. D.
on 188 bel lemand	Jennie Rogers Bldg.,	*******
(Date) Registrar	Idaho Falls, Idaho	

Write Plainly with Unfading Ink-This is a permanent record Read Explanations on back carefully

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation,

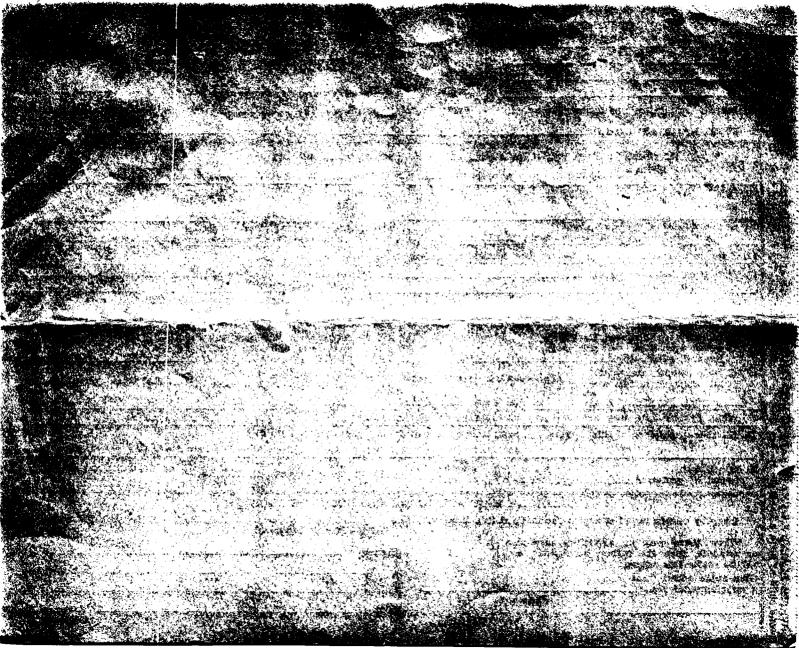
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

County of Gaussial > AUG 4 1939  No	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No. State File No.
(If born in hospital or institution give name.) Prim. Registra 2. FULL NAME OF CHILD.	tion District No. Local Registrar's No
3. Sex births { 4. Twin, triplet, or other	remature
9. Full name FATHER  10. Residence (usual place of abode) (If non-resident, give place and State). Fairfuld Eda.	18. Full  maiden name  Tiell  fackryn  19. Residence (usual place of abodd  (If non-resident, give place and State)  MOTHER  MOTHER  Allerian  MOTHER
11. Color or race	20. Color or race
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19.5%:	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  19.39  26. Total time (years) spent in this work
<ul><li>27. What prophylactic was used to prevent Ophthalmia Neonat</li><li>28. Number of children of this mother (At time of this birth</li></ul>	
29. If stillborn, period of gestation	30. Cause of stillbirth Before labor.  During labor.
should make this return.  Give name added from a supplemental report	(Born Alive or Stillborn)  signed) W. S. Jacks Midwindldress & Carfell Eduka
Rogistrar,	led 1987, 1987 W. D. POULLES, Registrar,



STATE OF IDARO PHYSICIANS should state d PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE 90000 County of BUREAU OF VITAL STATISTICS 115385 CERTIFICATE OF DEATH State File No. Every Registration District No..... Primary Registration District No..... statement Local Registrar's No. RECORD. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No.. St. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERMANENT EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write word) 22. I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced stated HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated shove, at ... 7. AGE Years Months Days than The principal cause of death and related causes of importance proqu day ..... hrs. were as follows: born Date of one or ..... min. nuuri 4 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner. AGE sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc. .... 10. Date deceased last work- 11, Total time (years) carefully supplied. ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation 12. BIRTHPLACE (city or town) (State or country) 800 13. NAME Name of operation..... ... Date of... What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (city or town) very important. (State or country) 23. If death was due to exter'l causes (violence) fill in also the DEATH in PLAINLY, information should be following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury..... 193.... Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in 17. INFORMANT CAUSE OF public place. (Address) 2 18. BURIAL CREMATION OR REMOVAL Manner of injury. HOL Nature of injury..... 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) deceased? ..... (Signed) ..../ Registrar (Address)

RINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of varlous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or paricular kind of work done.
- 9.—The industry of business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

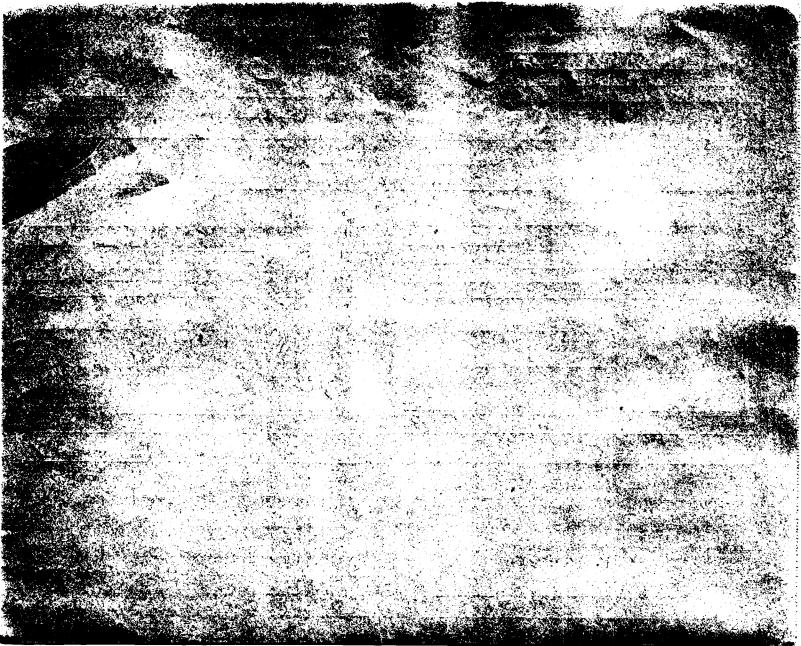
and the

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular tind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	<b>J</b> uly 5, 1927	Peritonitis	3 days ago	
	2.5			
Other CONTRIBUTORY CAUSES of importance		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
And the second s				
	- 97			
the second section of the second seco		HER STATEMENTS BY PHYSICIAN		
the second secon				
New York Control of the Control of t				

County of Caldully 5 To AUG	STATE OF IDAHO  9 1939 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH \$282927
(If born in hospital or institution give name.) Prim. R	ation District No. State File No.  Registration District No. 203. Local Registrar's No. 227  Let Gandt. (Pay Malley)
3. Sex births 4. Twin, triplet, or other	6. Premature. F. 7. Legiti- Full term mate? birth (Month, Day, Year)  18. Full maiden name for the first state of the control
11. Color or race 12.   12. Age at last birthday 13. Birthplace (city or place) (State or Country)  14. Trade, profession, or particular kind of work done, as spinner,	(years)  20. Color or race
sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  19. in this work	last engaged in this work
<b>5</b>	Neonatorum?  s birth and including this child) nd now living
29. If stillborn, period of gestation & Months	30. Cause of stillbirth of had During labor.  NDING PHYSICIAN OR MIDWIFE
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.  Give name added from	the was Stillbarn at 11 g.m. on the date above stated.  (Signed) AMD.  or
a supplemental report	Filed 8-3 1939 Monorgonery



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of C information Sed.instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS City of State File No. 115386 CERTIFICATE OF DEATH ~ Registration District No. Local Registrar's No... Primary Registration District OF ö OCCUPATION is very important. Every item (If death occurred in a hospital or institution, give its name had of street and number) 2. FULL NAME Ray Wesley Weekand (a) Residence No. Marsing. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. A PERMANENT RECORD. MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single. Married, Wid-21. DATE OF DEATH (month, day and year)22 3. SEX 4. Color or Race 193 9 owed or Diverced (write malo 22 I HEREBY CERTIFY. That I attended deceased from the word) July 22 , 193 9 , to July 22 , 193 9 5a. If married, widowed, or divorced HUSBAND of I last saw hillan alive on 2.2.2 193.9: death is said (or) WIFE of Otel to have occurred on the date stated above, at 12-45P m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of im-If LESS than Days Years Months 7. AGE 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this occupation ..... (mo, and yr.) ..... be properly cla 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of Date What test confirmed diagnosis?..... Was there an 13. NAME 10 180 autopsy?..... 14. BIRTHPLACE (city or town 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury...... 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place...... 17. INFORMANT (Address) Manner of injury.... 18. BURIAL, CREMATION OR REMOVAL Nature of injury..... PlacePleasant Ridgete 24 Was disease or injury in any way related to occupation of deceased?.. (Address) (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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TOTAL AND THE T

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
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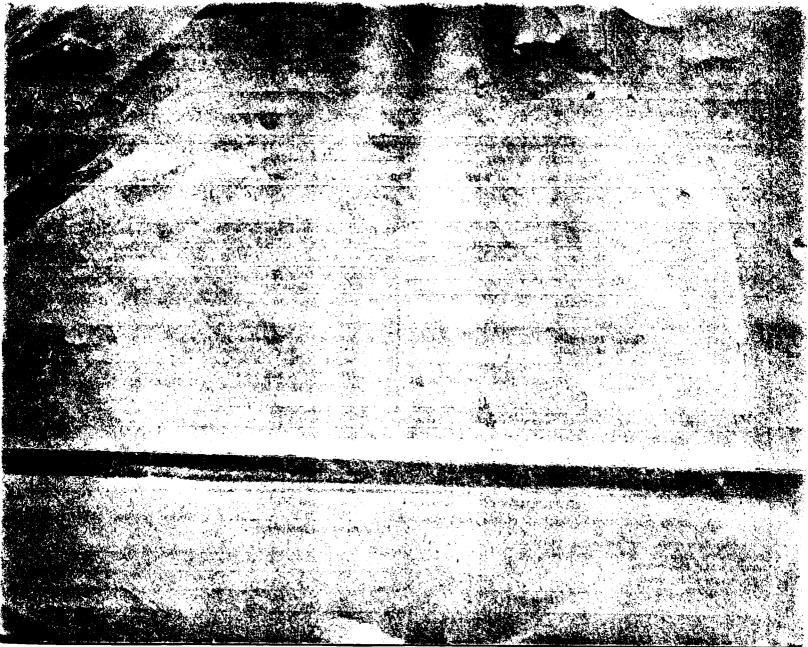
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	••••••••••••		

STATE OF DAHO ACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS of mor CERTIFICATE OF BIRTH MIL 10 4936 No. Registration District No. -State File No. Prim. Registration District No. 2020 Local Registrar's No. 2 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8. Date 61 6. Premature 6 W. 7. Legiti-If plural [4. Twin, triplet, or other...... 3. Sex birth . births ' Full term 200 5. Number, in order of birth... mate? \_ (Month, Day, Year) RECORD. FATHER. 18. Full MOTHER 9. Full maiden name name Moutilem the 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)...... NENT (If non-resident, give place and State) ... 11. Color or race 12. Age at last birthday 20 (years) 20. Color or race 12. Age at last birthday 15 (years) 13. Birthplace (city or place) 22. Birthplace (city or place PERMA (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinne Bulcherung of work done, as housekeeper, typist, nurse, clerk, etc. ..... sawver, bookkeeper, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill, sawmill, bank, etc. ..... lawyer's office, silk mill, etc. ...... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work WITH UNFADING INK Separate Return must b in this work..... in this work.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother During labor.... months 29. If stillborn. 20. Cause of Stillibirth period of gestation... or weeks Before labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 1.40 m. on the date above stated. I hereby certify that I attended the birth of this child, who was stullborn đ (Born Alive or Stillborn) PLAINLY d at birth a When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. ..... Midwife Address //Um. He Give name added from child a supplemental report..... (Date of) Filed 900 Registrar.



PLACE OF DEATH County of Elmore	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE	DO NOT WRITE IN T	HIS SPACE
City of Mountain Home	CERTIFICATE O	F DEATH	State File No	387
010g 01	Registration District No	34 to 2020	Local Registrar's No	23
	(No	give its name inste		ar i i a a a a a a a a a a a a a a a a a
(a) Residence No	*************************************		St	*******
(Usual place of abode) Length of residence in city or town		(II	nonresident give city or town	-
PERSONAL AND STATIS		.1		
3. SEX   4. Color or Race	5. Single, Married, Widow-		OICAL CERTIFICATE OF DE	
Female White	ed or Divorced (write the word)	21. DATE OF DE	EATH (month, day and year)	July 20193
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of		July 2		deceased from
6. DATE OF BIRTH (month, day	and year) July 20,1939	I last saw h		: death is said
7. AGE Years Months	Days If LESS than 1 day hrs or min	to have occurred	on the date stated above, at use of death and related cause	es of importance
8. Trade, profession, or particu kind of work done, as spins sawyer, bookkeeper, etc 9. Industry or business in which	lar er, None	Share	alim of	7-19-3
kind of work done, as spins sawyer, bookkeeper, etc  9. Industry or business in white work was done, as silk mill saw mill, bank, etc.  10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this		utory causes of importance:	***************************************
12. BIRTHPLACE (city or town) (State or country)	Mountain Home, Idaho			***************************************
E   13. NAME Leland Gri	dley		on	
13. NAME Leland Grid 14. BIRTHPLACE (city or tot (State or country)	wn) Hagerman Idaho	23. If death was	med diagnosis? Was there due to exter'l causes (violence	
15. MAIDEN NAME Mary	Bell Hinshaw	H	or homicide? Date of	
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or tow (State or country)	Eagle Rock California		y occur?(Specify city or town, county injury occurred in industry,	y, and state)
17. INFORMANT (Address)		public place	Ty	****************
18. BURIAL, CREMATION OR F	Date 7-20-, 1939	11	7	
19. UNDERTAKER (Address)	ne fle Les Eaker		or injury in any way related	to occupation o
20. FILED 5 - 14 , 193.9 .	Registrar.	(Signed) .	ess) Min How	e Ska

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for any pursuits can be known.
from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home.
For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, however, between the occupation by the appropriate terms,
servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.
Position who has no occupation whatever write none.

To be complete an occupation return must state:

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- 9.—The industry of business in which the work was done
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

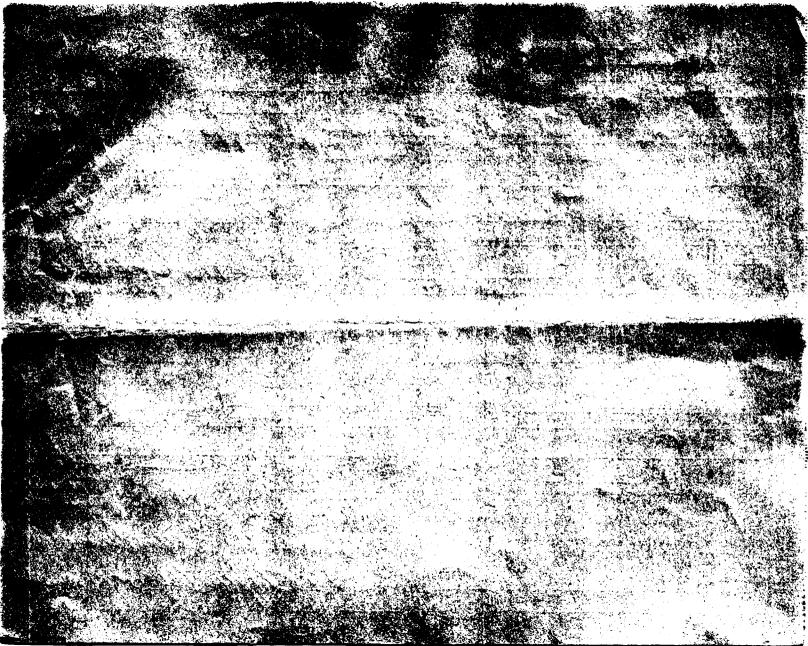
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE I	FOR FURTE	HER STATEMENTS BY PHYSICIAN	

A STATE OF THE STA OHATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS EEE 0.33 City of... CERTIFICATE OF BIRTH No. Registration District No. . State File No. ... (If born in hospital or institution give zame.) Local Registraria Prim. Registration District No. . 2. FULL NAME OF CHILD. 8. Date births [5. Number, in order of birth..... birth Full term..... mate? (Month, Day, Year) RECORD MOTHER 9. Full FATHER 18. Full name maiden name 10. Residence (usual place of abode) Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race. U.A. | 12. Age at last birthday 3 (years) 20. Color or race WK 21. Age at last birthday. 22. Birthplace (city or place) 13. Birthplace (city or place)..... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc, ..... lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work. H mw in this work...... in this work.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... UNFADING (At time of this birth and including this child) 28. Number of children of this mother months 29. If stillborn. 30. Cause of Stillbirth .... Before labor. period of gestation..... or weeks WIM HEND CERTIFICATE OF ATTENDING PHYSICIAN OR MEDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was SUU- Tom at 1539 (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Midwife\_ Give name added from Address a supplemental report..... (Date of) Filed one Registrar.



permanent

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carefully

back

O

Explanations

with

Write Plainly

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the-deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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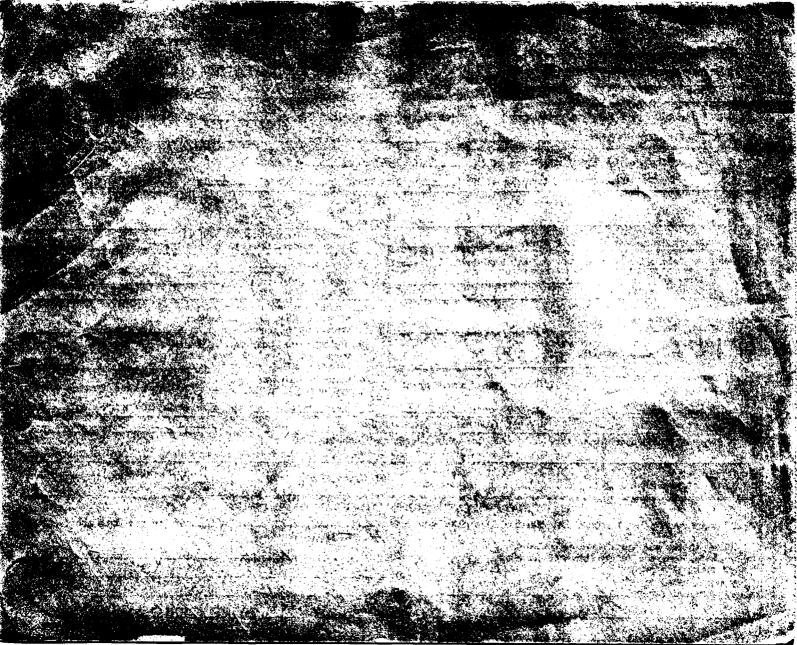
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	*******************		
	************		
***************************************			

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of.\_\_\_ BUREAU OF VITAL STATISTICS of mor CERTIFICATE OF BIRTH Registration District No. .... State File No. . case (er of Prim. Registration District No. 2085 (If born in hospital or institution give same.) FULL NAME OF CHILD. 8. Date If plural 4. Twin, triplet, or other..... 6. Premature.... 7. Legitibirths birth. Full term Rec 5. Number, in order of birth mate? (Month. Day, Year) 9./IF1111 FATHER 18. Full ( MOTHER I/name ∩ maiden name 10. Residence (usual place of abode) or 391
(If non-resident give place and State) humberly, Ida 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 24 (years) 20. Color or race 21. Age at last birthday 21 ₽ 22. Birthplace (city or place)..... (State or Country) (State or Country) 14. Trade, profession, or particular kind of work done, as spinner, 23. Trade, profession, or particular kind of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mtil, work was done, as own home. made sawmill, bank, etc. .... lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent ast engaged in this work 26. Total time (years) spent last engaged in this work UNFADING INK Osey bresen must in this work... in this work... 27. What prophylactic was used to prevent Ophthalmia Decnatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1 months uring labor..... 29. If stillborn. 30. Cause of Stillbirth \ period of gestation..... or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Am. on the date above stated. I hereby certify that I attended the birth of this child, who was... (Bom diffe or Stillbern) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report..... Address ....// 당 (Date of) Registrar



Registered No. 115389

1. PLACE OF DEATH	CEDTIFIC A	VISION OF PUBLIC HEALTH TE OF DEATH	Registered No. 115389
Sounty of Twin Falls City of Time City	Registration l	Dist. No. 2085	if death occurred in hospital or institution give its name instead of street and number.
City of Falls Co. Gen. (Home, Hospital or Institute	「これ」。 tution	ar's No. 120	street and number.
Length of residence in County where death occurred	Yrs.         Mos.         Days           0         0         0	How long in U. S. If of foreign birth?	Yrs. Mos. Days
2. FULL NAME Patricia	Ann Mink,		
(a) Residence: Nimberly	7, Edaho.	(If non-resident give city	or county and state)
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFI	CATE OF DEATH
3. MALE   4. White, Black, Yellow, Red   White	5. Single, Married, Widowed, or Divorced (write the word) Single		lly 1, 19 <b>3</b> 9
5a. If married, widowed, or divorce Husband of		22. I HEREBY CERTIFY, That I	o July 1989
(or) Wife of		I last saw helf alive on no	Death is said
7 ACE	ays If less than 1 day	to have occurred on the date state. The principal cause of death ar causes of importance in order of o as follows:	onset were Date of Onset   Yr.   Mo.   Day
8. Trade, profession, or particul	ar kind of work done	Stillbonn	1939 7 1
ii none			
9. Industry or business in which	h work was done		
9. Industry or business in which had been seen as the companion of the seen as the seen	11. Total time (yrs.) spent in this occupation		
and year)		Contributory causes of importance related to principal causes	not
12. BIRTHPLACE (City or Town, Twin Falls, Idah:	County and State, or Country)	Difficult brech &	
13. NAME Clifford F	. Mink	Where was disease first diagnosed	~ <del>                                     </del>
13. NAME OTTITION	, County and State, or Country)	Name of operation Touch	1 1 1020
GLENS PERRY, I		Condition for which performed	es ahore
		What test confirmed diagnosis?	
15. MAIDEN NAME SOCRE	, County and State, or Country)	Was there an autopsy?	Was there an inquest? NO
TWIN Palls, -	daho	23. If death was due to external	
17. SIGNATURE OF	7 m.h	(Check) Accident—Suicide—Homic	
(Address) Timberly.	Idaho	1	ity or town, county and state)
18 BURIAL CREMATION OR REI	MOYAL	Check whether injury occurred in	industry home public place
Place Twin Falls Co	Date 1 - 1 July 4	Manner of injury	
White Martuary, In 19. UNDERTAKER (Address) Twin Falls.	Ida. Reg.E-249	24. Was disease or injury in an deceased? If so, specify	y way related to occupation of
20. FRED AND BURIAL OR REA	OVAL PERMIT ISSUED	(SIGNED) Kimberly,	Jaho.
(Dete)	Kemstrar	(VARIORS)	<u> </u>

Write Plainly with Unfading Ink—This is a permanent record Read Explanations on back carefully

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

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EXAMPLE 1

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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EXAMPLE II

ENAMETE I	I	EVANILIE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	·		***************************************

L. Seedle Committee of the Committee of PLACE OF BIRTH STATE OF TORES DEPARTMENT OF PUBLIC WELFARE County of Municipal County of Marine BUREAU OF VITAL STATISTICS City of Leeu CERTIFICATE OF BIRTH No. Lu Leveral \_\_State File No. \_\_\_ Registration District No. .... Prim. Registration District No. 2085 (If born in hospital or institution give name.) Local Registrar's No. .... 2. FULL NAME OF CHILD. 8. Date of If plural 4. Twin, triplet, or other..... 6. Premature..... 7. Legiti-8. Sex hirth. births 5. Number, in order of birth..... Full term 94 male mate? . PERMANENT RECORD (Month. Day. Year) 9. Full FATHER 18. Fuff MOTHER name maiden name (If non-resident, give place and State). 19./Residence (usual place of abode) R. 11. Color or race. 12. Age at last birthday & (years) 20. Color or race 21. Age at last birthday 25 (years) 22. Birthplace (city or place). 13. Birthplace (city or place)...... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular king kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done as silk mill. kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 24. Industry or business in which work was done, as silk mill. work was done, as own home, sawmill, bank, etc. lawver's office, silk mill, etc. ... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent. last engaged in this work INK in this work .... WITH UNFADING Separate Return mi 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) During labor..... 29. If stillborn. 9 months period of gestation .... or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was sufficiently at T m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from child a supplemental report..... (Date of) Registrar.



1. PLACE OF DEATH	STATE OF IDAHO — DIY	TE OF	DÉATH	Registered N	115390
County of TWIN Falls City of Twin Falls Twin Falls General H	Registration l	Dist. No Dist. No	2 <b>(</b> 2 <b>93</b> 5	hospital	th occurred in or institution name instead of id number.
(Home, Hospital or Instit Length of residence in County where death occurred	Yrs. Mos. Days	How long birth?	in U. 8. if of fo <del>re</del> ign	Yrs.	Mos. Days
2. FULL NAME Gary Eu (a) Residence: R.F.D.	gene Hranac 2 Hansen, Idaho	(If	non-resident give city	or county and	Mos. Days
	IOAL DADTICULARS	<u>\</u>	MEDICAL CERTIFIC		
PERSONAL AND STATIST  3. MALE FEMALE 4. White, Black, Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)		F DEATH Ju	ly 19,	1939
Male White  5a. If married, widowed, or divorced Husband of	Single	22. I HERE	BY CERTIFY, That I		eased from
6. Date of Birth (Month, day and year) July	19. 1939	H	alive on		Death is said a
7. AGE Years Months Da	ys If less than 1 day	as iomows:	urred on the date state al cause of death an aportance in order of or	nset were	Date of Onset Yr.   Mo.   Day   ?
8. Trade, profession, or particular		Jus	rautorene a	cptyx, a	
9. Industry or business in which					
10. Date deceased last worked at this occupation (month	11. Total time (yrs.) spent in this occupation				
and year)		related to	y causes of importance principal causes		
T and a Time	s, Idaho			,	
13. NAME Louis Hra			disease first diagnosed		Dalls Colton
14. BIRTHPLACE (City or Town,	Nebraska	Name of op	eration	date	of
		Condition fo	or which performed		
15. MAIDEN NAME Madel	ine Marderosian		confirmed diagnosis?		
i i	sno, California		was due to external o		
17. SIGNATURE OF INFORMANT	c Hrange	(Check) Ac	cident—Suicide—Homic 9 Where did injury	ide? Date of i	~
(Address) P + D - Hans		[ ·	(Specify cl	ty or town, co	unty and state)
18. BURIAL, CREMATION OR REM	IOVAL		her injury occurred in	=	ne public place
Sunset Memorial P	* / / /		njury		······································
19. UNDERTAKER TWIN Y	Thekleps:	24. Was dis	ease or injury in any	way related	
(Address) TW III 120. EILED AND BURIAL OR REAL		deceased?	If so, specify		······································
or (Date) by	Rumanlu	(SIGNED) . (Address)	two C Hal	ley alle, Ida	<b>M</b> . D.
" / /	<b>\</b>				

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34471104 THE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE BOMMOCK BUREAU OF VITAL STATISTICS 284130 County of-City of YOERTP CERTIFICATE OF BIRTH Relistration District No. State File No. Prim. Registration District No. 2/6 Local Registrar's No. (If born in hospital or institution give name.) Crump 2. FULL NAME OF CHILD. 8. Date of 8. Premature 465. 7. Legiti-If plural (4. Twin, triplet, or other...... birth August II, 198 8. Sex births (Month. Day, Year) mate? Full term. 5. Number, in order of birth. MOTHER 118. Full FATHER 9. Full maiden name LYUMD. name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State). Hrbon, Taho (If non-resident, give place and State) Hyben, Tache 11. Color or race W. | 12. Age at last birthday (years) 20. Color or race W. | 21. Age at last birthday 25 (years) 22. Birthplace (city or place) Tefferson, Montant. 18. Birthplace (city or place) Robin. T (State or Country) (State or Country) 23. Trade, profession, or particular kind 14, Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, HOUSEWIFE ar me v typist, nurse, clerk, etc. ..... sawver, bookkeeper, etc. ... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. . sawmill, bank, etc. ...... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work. Hagust in this work... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 3. (b) Born alive but now dead 0. (c) Stillborn 2. Before labor..... months 30. Cause of stillbirth Net 29. If stillborn. period of gestation #/2 140 or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Stillora. atloiss.m. on the date above stated. I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn When there was no attending physician ) (Signed) .... or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address  $\Omega$ . a supplemental report. (Date of) 1954 Filed ALD. Registrar. Begistrar.

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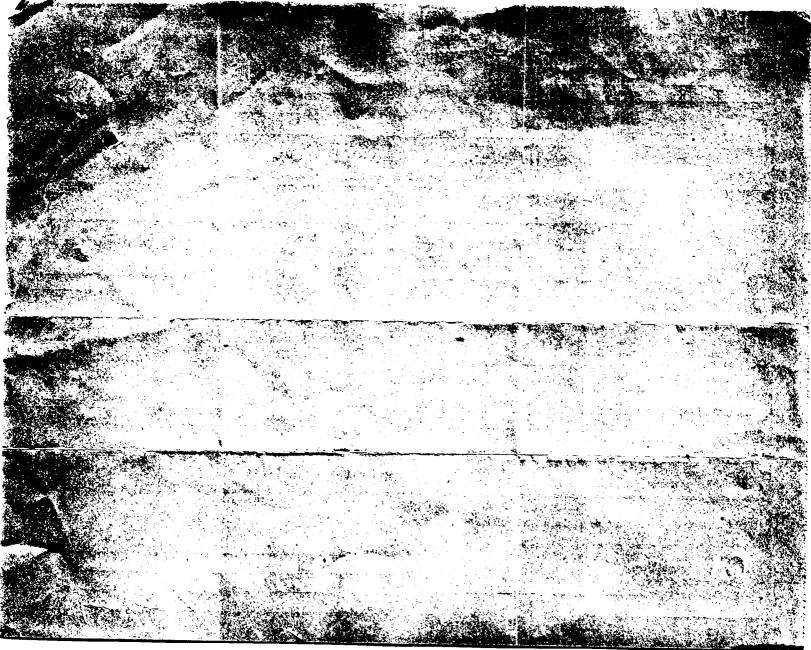
NFADING INK Return must by

Separate

TTE PLAINLY child at birth a

UNFADING

WITH



· ,	1	
	PLACE OF DEATH STATE OF ID.	
<u> </u>	County of Danna BUREAU OF VITAL S	TATISTICS DO NOT WRITE IN THIS SPACE
information DEATH in See instruc-	City of pacalello CERTIFICATE OI	EDEATH $\parallel 115743 \parallel$
E State	CENTIFICATE OF	State File No.
info DE	Registration District No	
of i	Primary Registration Distric	t No. 2/6/ Local Registrar's No. 163
9 5	RECEIVED Registration District No	)
S E	(If ath occurred in a hospital or institution,	give its name instead of street and number)
ry item CAUSE importa	2 FULL NAME Infrant Cou	mh'
<b>5</b>	(a) Residence No. Osban	at at
Every very	(Usual place of abode)	(If nonresident give city or town and state)
=	Length of residence in city or town where death occurred.y	rs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
DING MENT RECORD. ICIANS should s OCCUPATION is	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
S & S	3. SEX 4. Color 97 Race 5. Single, Married, Wid-	21. DATE OF DEATH (morth discount year) / 193
<b>A</b> 28 <b>E</b>	owed or Divorced (write)	22 I HEREBY CERTIFY, That Vattended deceased from
5 F 3 5	5a. If married, widowed, or divorced	8-10 , 1939 to 8-11 , 1939.
OR BINDING PERMANENT F . PHYSICIANS ment of OCCUP/	HUSBAND of	I last saw h alive on 193: death is said
	(or) WIFE of	to have occurred on the date stated above, at // m.
t o	6. DATE OF BIRTH (mouth dear and year)	The principal cause of death and related causes of im-
EEB FEB	7. ACRE THAT'S MOUNTS Days A dee hrs.	portance were as follows:
FOR PEI	well bam forus. min.	Date of onset
ERVED FYIS 1S A 1 EXACTLY.	8. Trade, profession, or particular kind of work done, as spinner,	The Carried Older
A C B C B C B C B C B C B C B C B C B C	sawyer, bookkeeper, etc.	And the state of t
RESERVED THIS IS /	9. Industry or business in which	
70 iii iii	work was done, as silk mill, saw mill, bank, etc	
N RES	O 10. Date deceased last work- 11. Total time (years)	Other contributory causes of importance:
GIN INK Se str	ed at this occupation spent in this occupation	
3 -k = 2	Dea atalli	
	12. BIRTHPLACE (city or town) (State or country)	
4 4 4	(State of country)	Name of operation
	13. NAME Harald ( sump	What test confirmed diagnosis? Was there an
UNF AGE	13. NAME A COLOR CHAPTER 14. BIRTHPLACE (city or town)	autopsy?
	(State or country)	the following:
WIT plied may		Accident, suicide, or homicide? Date of injury
	15. MAIDEN NAME Oleur Issour	193
INLY, WI lly supplied hat it may certificate.	15. MAIDEN NAME Olive Brown  16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?(Specify city or town, county, and state)
AINLY, fully sup that it of certifie	(State or country) Montana	Specify whether injury occurred in industry, in home, or
7 2 6 9	17. INFORMANT / Popula Coupe	in public place
TTE PL be cared rms, so back o	(Address)	Manner of injury
RITE     be ca terms, n back	18. BURIAL, CREMATION OR REMOVAL	Nature of injury
	Place Date Date 193.7	
%—W should plain tion (	19. UNDERTAKER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24 Was disease of injury in any way related to occupation
現る可能	(Address) Pocatelly Sache	of deceased M. M. D. (Signed)
Ż	20. FILED 193 9 DL Ray	
	Registrer.	(Address
	v	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

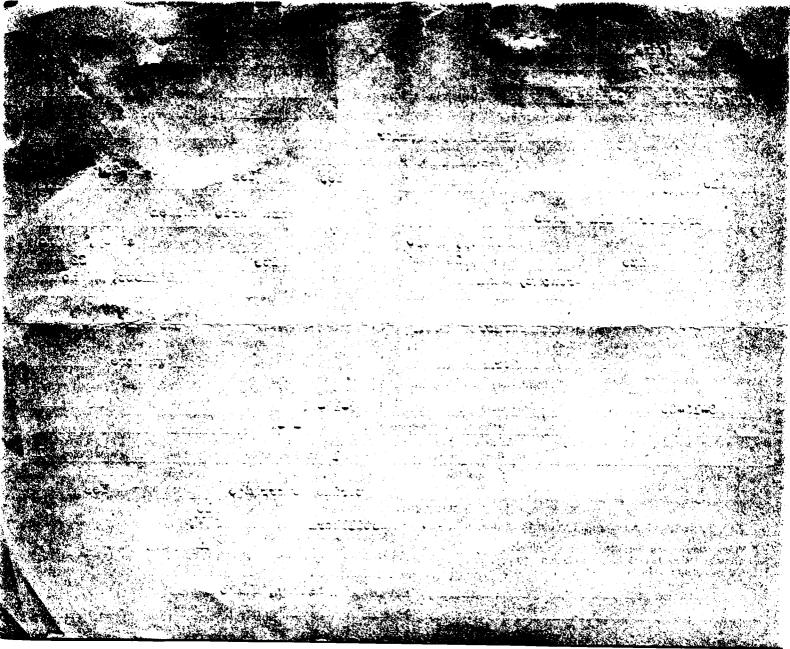
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and Date of onset The PRINCIPAL CAUSE OF DEATH and Date of onset related causes of importance were as follows: related causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of import-Other CONTRIBUTORY CAUSES of importance: ance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH	STATE OF IDAHO
County of Riains	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
City- of- Het ley	CERTIFICATE OF BIRTH \$ 284131
190,	strict No. 104 State File No.
- Addition of the control of the con	· / X
	tion District No. Local Registrar's No. 60
2. FULL NAME OF CHILD MARVIN THOMAS, Juni	8. Date of
If plural (4. Twin, triplet, or other	emature
3. Sex Male births 5. Number, in order of birth Fu	ill term Yes mate? Yes (Month, Day, Year)
11 0. 2 41.	18. Full MOTHER
name Marvin Franklin Thomas	maiden Anna Marie Bowlden
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Idaho
	20. Color or race
13. Birthplace (city or place)	22. Birthplace (city or place). Bannetit, Idaho (State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	of work done, as housekeeper, Housewife typist, nurse, clerk, etc.  24. Industry or business in which
sawyer, bookkeeper, etc. Farmer  15. Industry or business in which	24. Industry or business in which
work was done, as silk mill, sawmill, bank, etc. Farm	work was done, as own home, lawyer's office, silk mill, etc
16. Date (month and year) 17. Total time (years) spent	work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent
8-29-39 , 19 in this work	8-18-39 in this work
27. What prophylactic was used to prevent Ophthalmia Neonat	orum?
	and including this child) living
29. If stillborn, months	( Refore labor
period of gestation	30. Cause of stillbirth
CERTIFICATE OF ATTENDING	
I hereby certify that I attended the birth of this child, who was	stillborn at O Hom on the date above stated.  (Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, hoseholder, etc., (Si	gned), M. D.
or midwie, then the lather, hosenoider, etc.,	, Midwife
" Class manus added from	77 4 6 77 3 5
a supplemental topolaminaminaminaminaminaminaminaminaminamin	dress Hailey, 10a.10  od 9-1, 1989 John H. Wright-
Registrar.	Rogistrar.



_	1. PLACE OF DEATH CERTI	O — DIVISION OF PUBLIC HEALTH FICATE OF DEATH Registered No
	County of Regis	tration Dist. No. If death occurred in hospital or institution give its name instead of street and number.
	(Home, Hospital or Institution)  Length of residence in County Where death occurred	How long in U. S. If of foreign Yrs. Mos. Days  My M. F. Thomas
	2. FULL NAME Saby Boy (a) Residence: Harley Adaba	(If non-resident give city or county and state)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. MALE 4. White, Black, 5. Single, Married, V	7dowed, 21. DATE OF DEATH (e word) (month, day and year)
اج	male white	22. SHEWEBY CERTIFY, That I attended deceased from
	Husband of (or) Wife of	I last saw h alive on 19 Death is said
	6. Date of Birth (Month, day and year)  7. AGE Years Months Days Reas than 1	day causes of importance in order of onset were Yr. Mo. Day
	8. Trade, profession, or particular kind of work done	
5	9. Industry or business in which work was done	spent in State 3 land.
MECETS	10. Date deceased last worked at this occupation (month this occupation	
	12. BIRTHPLACE (City or Town, County and State, or	
	Hailey, Idacko	
4	13. NAME M. IF Choma	Where was disease first diagnosed?
ğ	14. BIRTHPLACE (City or Town, County and State, or	7
1	Tramono, we	Condition for which performed
	15. MAIDEN NAME JAMA Ward (2) OU 16. BIRTHPLACE (City or Town, County and State, or	What test confirmed diagnosis?  Sountry) Was there an autopsy Was there an inquest?
	16. BIRTHPLACE (City or Town, County and State, or	23. If death was due to external causes, fill in also the following:
	17. SIGNATURE OF MANUAL Thomas	(Check) Accident—Suicide—Homicide? Date of injury
	(Address)  18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public place
	Place Bellevy Date 1-20.	Nature of injury
	19. UNDERTAKER Hamo	24. Was disease or injury in any way related to occupation of
ļ	(Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUE	deceased If so specify
•	20. FILED AND BURIAL OR RESOVANT PERMIT MOST	(SIGNED) N. D.
	on (Date) by Registrar	(Address) Dance

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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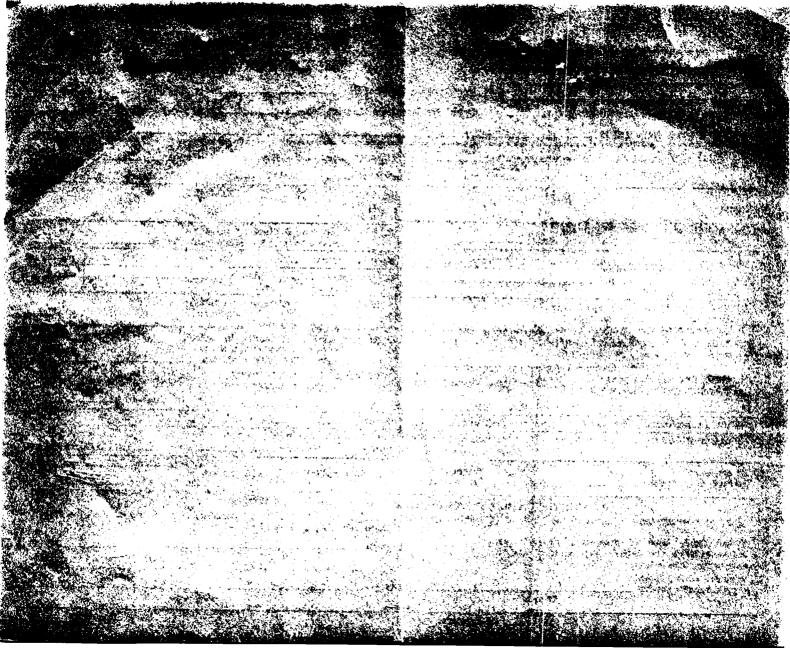
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

1. PLACE OF BIRTH	STATE OF IDARO
County of Sacrata SEP 13 18	DU DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
City of lace Dayles. SET 10 "	CERTIFICATE OF BIRTH 28/120
No.	n District No. 4.0 State File No.
(If born in hospital or institution give name.) Prim. Regi	
	elle
2. FULL NAME OF CHILD	le Data es
3. Sex births 2 Number to sale of high	
mac (b. Number, in order of pirth	Full term mate? (Month, Day, Year)
9. Full name In cent C. Kelsey	maiden name wan La a. Malcora
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode)
11. Color or race. 12. Age at last birthday 29 (yes	20. Color or race 22   21. Age at last birthday (years)
18. Birthplace (city or place). Mulburn Island (State or Country)	22. Birthplace (city or place) State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeepen typist, nurse, clerk, etc.
sawyer, bookkeeper, etc.  15. Industry or business in which	c 24. Industry or business in which
work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spe	nt
in this monte	in this work
27. What prophylactic was used to prevent Ophthalmia Nec	natorum?
28. Number of children of this mother (At time of this bi	rth and including this child)  now living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation Smarth or weeks	30. Cause of Stillbirt During labor.
CERTIFICATE OF ATTENDI	TNG PHYSICIAN OR MIDWIFE 30 m. on the date above stated.
When there was no attending physician	(2011 11100 00 1111111111111111111111111
or midwife, then the father, householder, etc., }	(Signed) , M. D.
should make this return.  Give name added from	or 200 Midwife Midwife
a supplemental report(Date of)	Address July 1 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
Registrar.	Filed Lieg 193 Registrar.
"	



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11.—The number of years the deceased followed the occupation.

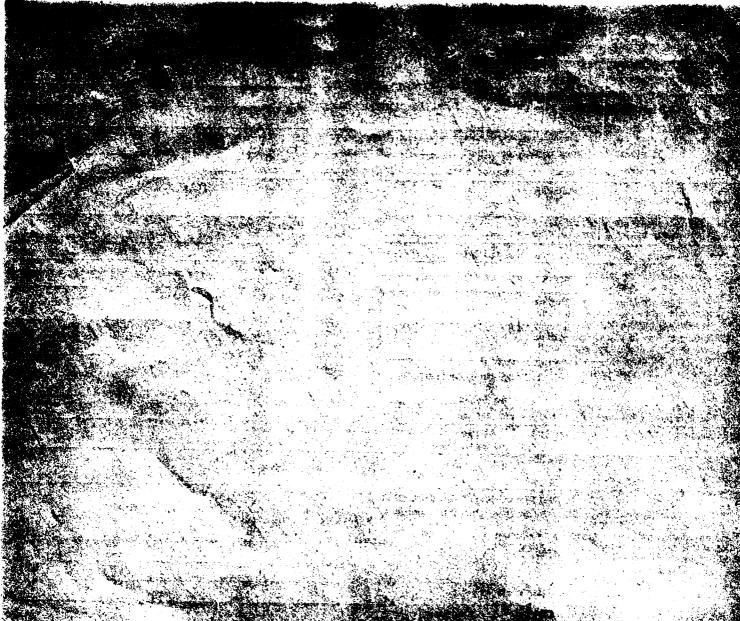
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The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

than sted	1. PLACE OF BIRTH  DEPARTMENT OF PUBLIC WELFARE
e ti	County of A AMUNICAL STATISTICS BUREAU OF VITAL STATISTICS
24	City of Hale Tylle City of CERTIFICATE OF BIRTH
of more birth st	No. The state of BIRTH St. Resistration District No. 610 State File No. 284133
8 8	
case er of	(If born in hospital or institution give name.) Prim. Registration District No. 2150 Local Registrar's No.
ord	2. FULL NAME OF CHILD KOFC
W H	8. Date of 6 19 G
z 4	3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legiti-
	Jense births 5. Number, in order of birth Full term 1 mate? (Month, Day, Year)
S &	9. Full FATHER 18. Full MOTHER
S =	name (legen) (legen, thate name (legen)
교립	
	(If non-resident, give place and State) (If non-resident, give place and State)
PERMANENT RECORD.	11. Color or race 1   12. Age at last birtiday 20 (years) 20. Color or race 12. Age at last birtiday 1 (years)
<b>₹</b> g	13. Birthplace (city or place) Sales 22. Birthplace (city or place) Sales
E 8	(State or Country)
	14. Trade, profession, or particular kind of work done, as spinner.
	kind of work done, as spinner, sawyer, bookkeeper, etc.    Compared to the com
21.0	15. Industry or business in which work was done, as own home,
g e	work was done, as silk mill, sawmill, bank, etc.
Ę	Date (month and year)
A B	last engaged in this work 17. Total time (years) spent last engaged in this work 26. Total time (years) spent
E E	8 // 1939 in this work 1939 in this work
WITH UNFADING INK-THIS Separate Return must be made	27. What prophylactic was used to prevent Ophthalmia Neonatorum?
	28. Number of children of this mother (At time of this birth and including this child)
₹ 5	(a) Born alive and now living (b) Born alive but now dead
	29. If stillborn, and months 30. Cause of Stillbirth
교회	period of gestation
E	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 1. 4/71
≥ 20	I hereby certify that I attended the birth of this child, who was (Born Alive or Exciliboral) m. on the date above stated
P C	Contract of the second of the
H	or midwife, then the father, householder, etc., }
PLAINLY	should make this return. Or, Midwife
H E	Give name added from a supplemental report  Address
E i	(Date of)
WRITE one child	Registrar. 198 Registrar.
Þ ö i	anger mi



PLACE OF DEATH	STATE OF IDA	
County of Bonneville	DEPARTMENT OF PUBL BUREAU OF VITAL S	STATISTICS DO NOT WRITE IN THIS SPACE
City of Idaho Falls	CERTIFICATE OF	الحريقية والمواجعة والمالية
14391	Registration District No	0/0
Sch ya 1939	Primary Registration District (No. Idaho Falls,	
(If death occurred		give its name instead of street and number)
	Rote	
(a) Residence No(Usual place of abode	)	(If nonresident give city or town and state)
Length of residence in city or t	town where death occurred.y	rs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATIST	ICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
3. SEX 4. Color or Race	5. Single, Married, Wid-	21. DATE OF DEATH (month, dengaratar) 12 193 9
Female White	owed or Divorced (write the word) Single	22 I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or dive	orced	aug 12 , 1939, to aug 12 , 1939
HUSBAND of		I last saw ham alive on 2 193 9 : death is said
(or) WIFE of BIRTH (month, da	l)	
7. AGE Years Months	Days   If LESS than	The principal cause of death and related causes of im-
O O	1 day hrs.	portance were as follows:
8. Trade, profession, or parti	or min.	Stillhown due to
kind of work done, as spin	ter, Note	Compression of Card
sawyer, bookkeeper, etc		by shoulders and
9. Industry or business in whi work was done, as silk m		Allad during buth.
saw mill, bank, etc	11 Total time (manus)	
2 10. Date deceased last work- ed at this occupation 11. Total time (years)		Other contributory causes of importance:
(mo. and yr.)	occupation	
12. BIRTHPLACE (city or town	Idaho Falls	
(State or country)	Idaho	Name of operation
13. NAME Calvin Ro	te	What test confirmed diagnosis
		autopsy?
14. BIRTHPLACE (city or to (State or country)	Idaho	23. If death was due to exter'l causes (violence) fill in also the following:
2		Accident, suicide, or homicide? Date of injury
15. MAIDEN NAME Ver	ona Croney	193
16. BIRTHPLACE (city or	town) Basalt	Where did injury occur?(Specify city or town, county, and state)
(State or country)	1dano	Specify whether injury occurred in industry, in home, or
17. INFORMANT Mrs. lely (Address) West ye	de Melevert	in public place
18. BURIAL OREMATION-GR	REMOVAL	Manner of injury
Placelda Falls	Date Aug. 12 , 193 9	II
19. UNDERTAKER	Quex/	24 Was disease or injury in any way related to occupation of deceased? If so specify.
(Address) Idaho	Falls, Idaho	(Signed)
20. FILED Chy 12, 193 2	Registrar.	(Address Adah Falls Ada.
, , ,	TO I CHERISTIAL.	(AUGI ODD

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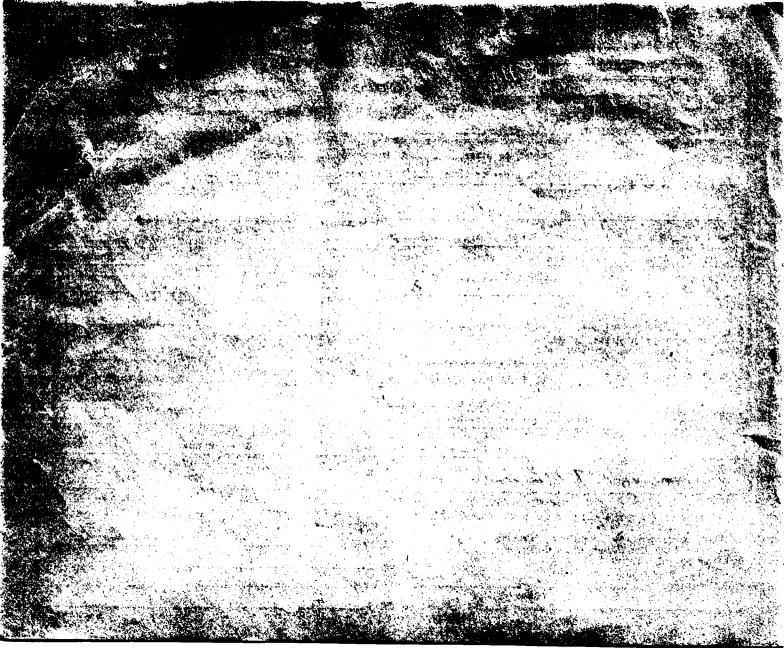
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EXAMPLE I The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis	Date of onset  1915  1921	EXAMPLE II  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago  1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
***************************************		ER STATEMENTS BY PHYSICIAN	

Sept.	
1. PLACE OF BIRTH	STATE OF IDAHO
County of Banniselle	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
E City of Sales Fells Sta	CAN THE CONTRACT OF THE CONTRA
Time mentang	District No State File No
(If born in hospital or institution give name.) Prim, Registra	ration District NoLocal Registrar's No. 601
g	
3. Sex If plural \( \) 4. Twin, triplet, or other \( \) 6. F	Preparature 44 7. Legiti- 8. Date of birth 8-18 19830
birtha	uli term mate? (Month, Day, Year)
9. Full FATHER	118. Full MOTHER
a mame my Fielding Chambers	name Hinnie Katherine Connycl
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
	20. Color or race white   21. Age at last birthday 2.3 (years)
13. Birthplace (city or place) asiton (State or Country)	22. Birthplace (city or place) (State or Country) Redu Ida
년 14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner,	of work done, as housekeeper, typist, nurse, clerk, etc
C F 1 Today on business in which	24 Industry or husiness in which
	work was done, as own home,
	lawyer's office, silk mill, etc.
17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
27. What prophylactic was used to prevent Ophthalmia Neona	
28. Number of children of this mother (At time of this birth	and including this child)
27. What prophylactic was used to prevent Ophthalmia Neona 28. Number of children of this mother (At time of this birth (a) Born alive and nov	v living
29. If stillborn. months	Before labor
The state of manufaction of Manufaction or months	30. Cause of Stillbirth During labor
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who wa	at 6 140 tps. on the date above stated.
	(Born Aliest or Stilliforn)
When there was no attending physician or midwife, then the father, householder, etc.,	Signed) M. D.
should make this return	, Midwife
Give name added from	
a supplemental report	1 3 Della
e   F	lled 198.7 Registrar.
Rogistrar.	Megastat.



> PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS DEATH CERTIFICATE OF DEATH State File No .... Registration District No. Primary Registration District No. 21.50 Local Registrar's No. important. death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME..... (a) Residence No.2/0 (Usual place of abode) (If nonresident give city or town and state) Length of residence in city/or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year) owed or Divorced (write 22 I HEREBY CERTIFY. That I attended deceased from the word) 5a. If married, widowed, or divorced HUSBAND of 193.....: death is said (or) WIFE of to have occurred on the date stated above, at...... m. 6. DATE OF BIRTH (month, day, and year) 8- 18-39 If LESS than The principal cause of death and related causes of im-Months Years Days 7. AGE 1 day ..... hrs. portance were as follows: Date of onset or min. 8. Trade, profession, or particular kind of work done, as spinner, 2 sawyer, bookkeeper, etc.. ADING INK-THIS 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation ' occupation (mo, and yr.) ..... ppoqs 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of Date What test confirmed diagnosis?..... Was there an 13. NAME autopsy?..... 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide! 15. MAIDEN NAME Where did injury occur?. 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) carefully (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place. (Address) Manner of injury. 18 BURIAL CREMATION OR REMOVAL should be Nature of injury Date... 24 Was disease or injury in/any way related to occupation 19. UNDERTAKÆR of deceased? (Address) (Signed) ż (Address'

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

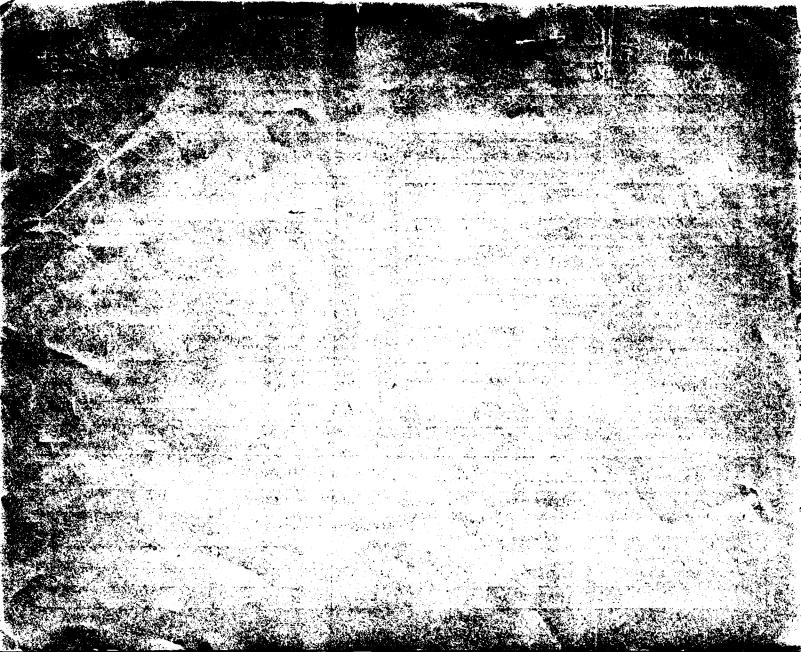
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN			
			••••••

ban ted.	1 - PLACE OF BIRTH	STATE OF IDAHO
at at	County of Connedite	DEPARTMENT OF PUBLIC WELFARE OF BUREAU OF VITAL STATISTICS
Tth 1	City or Logh, Talls SEP 13 193	CERTIFICATE OF BIRTH 284135
25	NoSt	/ / ^
case of	The state of the s	4.44
der	l	ation District No. 2150 Local Registrar's No.
ord	2 FULL NAME OF CHILD STILLING TIL	<u> </u>
D. N. B each, in	Studen (	remature / 7. Legiti- 8. Date of birth 30, 1980
PERMANENT RECORD, ch, and the number of ea	9. Full FATHER TANGET + CLIQUE I 11:3.	18. Full MOTHER  maiden THa Sing Johnson
INT REC	(If non-resident, give place and State)	19. Residence (usual place of abode) Morland, Idaha (If non-resident, give place and State)
the the		20. Color or race
RMAI	13. Birthplace (city or place) Mele and Tooks (State or Country)	22. Birthplace (city or place) Black fact Idaha (State or Country)
IS A PE for each,	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
THIS made f	F 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work 26. Total time (years) spent
	16. Date (month and year) last engaged in this work 17. Total time (years) spent	
IG INK	1 Gugust 1939 in this work DYV2	jugast, 1959 in this work
NG E	27. What prophylactic was used to prevent Ophthalmia Neonat	
UNFADING te Return m	28. Number of children of this mother VT (At time of this birth	and including this child) living
巨器		Before labor.
WITH UN Separate	29. If stillborn, period of gestation 12 months or weeks	30. Cause of Stillbirth
	CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	
PLAINLY I at birth	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	gned) , M. D.
PL/d at		Midwife , Midwife
		dress du fall Ma
	(Date of) Fil	ed List y - 193 9 July humm
WR	Registrar.	Registrar.



1

*PLACE OF DEATH DEPARTMENT OF PURI	
PLACE OF DEATH DEPARTMENT OF PUBL	
County of Tall CERTIFICATE O	F DEATH   State File No. 115748
LAS The belak starting of the starting of	10
Registration District No	177
Mahr Fails, Sa. Prepri Registration District	t No Local Registrar's No
(If death occurred in a hospital or institution, given the second of the	ve its name instead of street and number)
(a) Residence. No.	St
(Usual place of abode)  Length of residence in city or town where death occurred. yrs.	(If nonresident olve city or town and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word)	21. DATE OF DEATH (month, day and year 1939
Intant	22 I HEREBY CERTIFY, That I attended defeased from
5a. If parried, widowed, or divorced HUBBAND of (or) WIFE of	Jun 30, 193 9, to Carry 50, 188 9.
6. DATE On BIRTH (month day, and year)	I last sow halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.  The principal cause of death and related causes of impor-
OL. 11. 1 day hrs.	tance were as follows: Date of ouncet
Steller 42 mostle min.	Dz. 130
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	at H/2 mouth of
9. Industry or business in which work was done, as silk mill.	gestation V
suw mill, bank, etc  10. Date deceased last work. ed at this occupation (mo. and yr.)	Other contributory causes of importance:
12. BIRTHPLACE (city or town). State. Falls, Silv.	
18. NAME Report Edward. Ellis	-
E TOTAL	Name of operation Date of
14. BIRTHPLACE (city or town). [] Attland, Idah). (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Etta Sina Johnson	23. If death was due to exter'l causes (violence) fill in also the following:
16. BIRTHPLACE (city or town) Black from (State or county)	Accident, suicide, or homicide? Date of injury, 198.  Where did injury occur?
17. INFORMANT + ather I. & like	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Mallima . Mate lugal, 1939	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation
(Address) Austeland Iclaha.	of deceased? If to specify
20. FILED, 199	(Address) Alalia Halls fal

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To be complete, an occupation return must state:

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

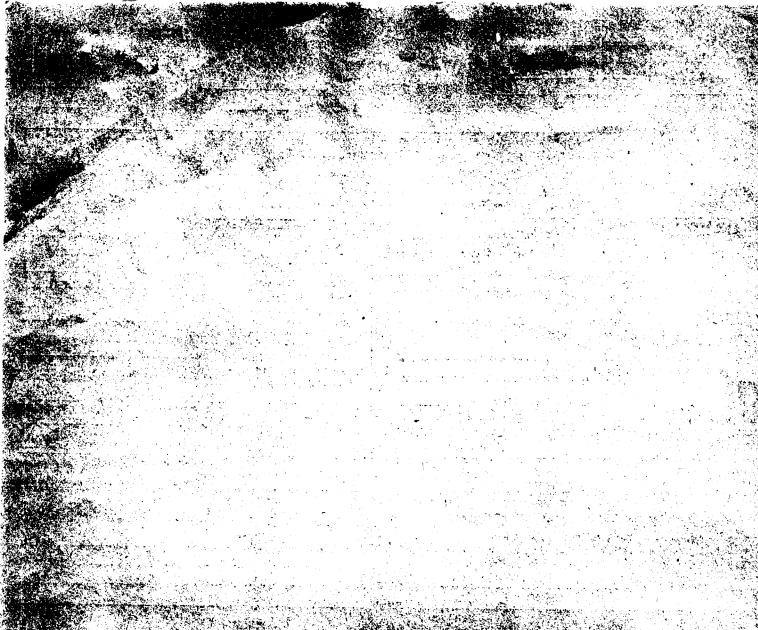
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

sted.	1. PLACE OF BIRTH County of Boundary	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
f birth st	No. B.F. Has Pital	CERTIFICATE OF BIRTH S 284136  district NoState File No
order o	(If born in hospital or institution give name.) Prim. Registra 2. FULL NAME OF CHILD. Baby Kunfz	tion District No. 1/1-6 Local Registrar's No. 39-82
each, in	3. Sex M If plural \( \) 4. Twin, triplet, or other	emature 7. Legiti- ll term 1 mate? 18. Date of birth Aug 21, 1939 (Month, Day, Year)
ber of	9. Full name Frank William Kuntz	18. Full MOTHER maiden Viona Lorraine Everhart name
unu 	10. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry	19. Residence (usual place of abode) (If non-resident, give place and State) 13 ounces Ferry
the		20. Color or race W. 21. Age at last birthday 24 (years)
and	13. Birthplace (city or place) Correctionville (State or Country) Town	22. Birthplace (city or place) Beaver City (State or Country) Nebr.
esch,	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc
made for	F 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Electric Priver	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
1 8	18. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
must	Aug 1939 in this work 2	1939 in this work3
	27. What prophylactic was used to prevent Ophthalmia Neonat	
Return m	23. Number of children of this mother  (At time of this birth (a) Born alive and now	and including this child) living
3 8	29. If stillborn, months period of gestation	30. Cause of Stillbirth
× ໝັ	CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	PHYSICIAN OR MIDWIFE  Stillorn at 6 P m on the date above stated.  (Born Alive or Stillborn)
t birth	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	igned) , M. D. Midwife
걸ょ	Give name added from	dress Samura Lugy
WRITE I	(Date of)	led dug 23 1989 Kun Dowel
W.R.	Registrar.	Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DEATH in information County of Bar DO NOT WRITE IN THIS SPACE See instruc-BUREAU OF VITAL STATISTICS **CE**RTIFICATE OF DEATH State File No .... Registration District No ... Primary Registration District No. 2 (56 O.F. ö important. Every item CAUSE Can death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence No..... of OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. RECORD. MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-4. Color or Race 21. DATE OF DEATH (month, day and year) / 193 3. SEX owed or Divorced (write 22 I HEREBY CERTIFY, That I attended seceased from the word) A PERMANENT Chy 21, 1939, to any 21, 1939 5a. If married, widowed, or divorced HUSBAND of I last saw handle alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at..... m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of im-If LESS than Months Davs Years 7. AGE FOR 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, UNFADING INK-THIS IS sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation . (mo, and yr.) ..... 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? \_\_\_\_ Was there an autopsy? 14. BIRTHPLACE (city or town). 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... certificate. 15. MAIDED 193 ..... Where did injury occur?.... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place..... 17. INFORMANT olain terms, (Address) Manner of injury..... 18. BURIAL, CREMATION hould be Nature of injury 24 Was disease or injury in any way related to occupation 19. UNDERTAKER deceased?... (Address) (Signed) 20 FILED 8-22 ż (Address :

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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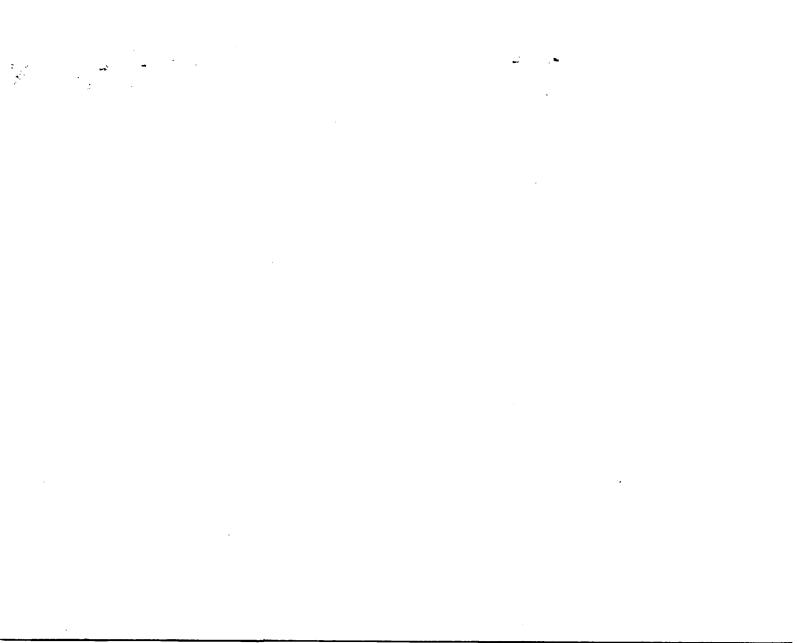
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Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week a	<u> </u>
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

Twin No2 STATE OF IDARO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE lived 5 hours County of 6 assist. BUREAU OF VITAL STATISTICS Ona Irine Munier City of.... CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_\_State File No. \_28413 Prim. Registration District No. 2/96 Local Registrar's No. /93 (If born in hospital or institution givenname.) ቲ g 2. FULL NAME OF CHILD / JEL W H 8. Date of 6. Premature × \_7. Legiti-If plural (4. Twin, triple, or other... birth Hag! 3. Sex mate? Gel 5. Number, in order of birth. Full term.... (Month, Day, Year) 9. Full 18. Full MOTHER FATHER name . maiden acoblew. name 10. Residence (usual place of abode) 19. Residence (usual place of abode)
(If non-resident, eve place and State) (If non-resident, give place and State) 11. Color or race | 12. Age at last birthday (years) 20. Color or race. | 21. Age at last birthday. 24 (years) 22. Birthplace (city or place) Elle, She L. 13. Birthplace (city or place) Durfey and (State or Country) (State or Country) each. 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc. Hormor 15. Industry or business in which work was done, as silk mill, 24. Industry or business in which work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work NG INK-must be in this work..... in this work.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother 30. Cause of Stillbirth Lyllnam. During labor..... months 29. If stillborn. period of gestation. or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Aillowal at m. on the date above stated. (Born Alive op Stiflborn) When there was no attending physician, (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. WRITE PLA Give name added from a supplemental report..... , 198 9 Laura & S (Date of) one Begistrar.

PERMANENT RECORD.

UNFADING



permanent

Ink

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TOTAL A SECTION AND ADDRESS OF

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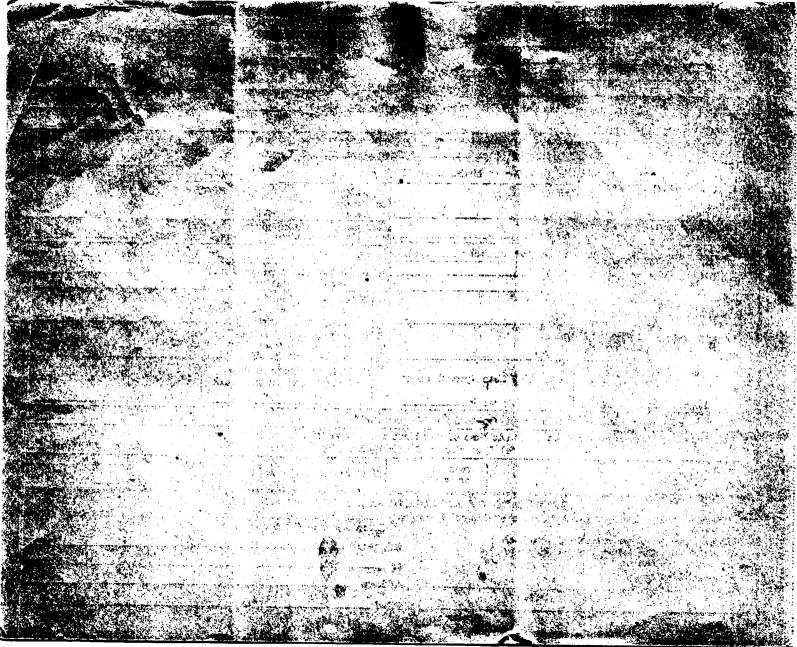
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	••••••••••••••••		,

5 193 BUREAU OF VITAL STATISTICS DEPARTMENT OF PUBLIC WELFARE County of City of .... No. .... Registration District No. . State File No. . Local Registrar's No. Prim. Registration District No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD .... 8. Date of Premature Ko If plural (4. Twin/triplet, or other\_\_\_\_ birth. 8. Sex Full term 400 5. Number, in order of birth mate? (Month. Day, Year) 18. Full MOTHER Vo. Fruit FATHER maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race [ 12. Age at last birthday 26. (years) 20. Color or race White. | 21. Age at last birthday 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. of work done, as housekeeper, typist, nurse, clerk, etc. .... 24. Industry or business in which [ 15. Industry or business in which work was done, as own home, work was done, as silk mill, made lawver's office, silk mill, etc. ...... sawmill, bank, etc. ..... 5 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work # 41 WITH UNFADING IN Separate Roturn must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (During labor .... 30. Cause of Stillbirth Dre 20 29. If stillborn. months period of gestation 9 mo or weeks un afte & deliver hea Before labor. CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE m, on the date above stated. Sullow I hereby certify that I attended the birth of this child, who was..... (Recn. Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from child WRITE one child Address ..... a supplemental report..... (Date of) Registrar.



STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

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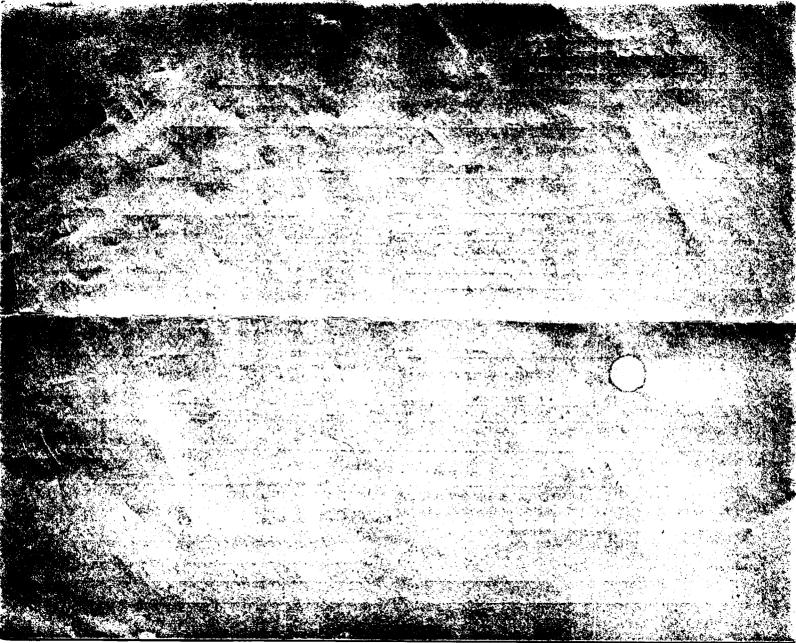
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Ded a Palalie = Neliger	· dody	ER STATEMENTS BY PHYSICIAN CONLINE	ted
Comment of a Coulea	s excles	of deletion for class on	also

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of .... BUREAU OF VITAL STATISTICS City of Registration District No. ..... State File No. .. Prim. Registration District No. 2/19 Local Registrar's No. 37 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD 8. Date of If plural [4. Twin, triplet, or other.......] 6. Premature. 7. Legitihirth births Full term. 9 5. Number, in order of birth..... mate? (Month, Day, Year) 18. Full 9. Full **TATHER** maiden 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)., (If non-resident, give place and State).... 11. Color or race 12. Age at last birthday 1 (years) 20. Color or race 21. Age at last birthday 16. (years) 13. Birthplace (city or place). 22. Birthplace (city or place)..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, Ka of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. work was done, as own home, lawver's office, silk mill, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work ZK Purul in this work in this work..... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. 2. (b) Born alive but now dead. (c) Stillborn... Before labor. 29. If stillborn, months 9 mg 30. Cause of Stillbirth ..... period of gestation...... or weeks During labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE O at 7 - Pm. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) When there was no attending physician (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from WRITE a supplemental report..... (Date of) Registrar.



PLACE OF DEATH  County of Familia County of Public Welfare  City of Primary Registration District No. 2/19  Local Registrar's No. A	
(NO. 11 days) occurred in a hospital opinstitution, give its name instead of street and number.)  2. FULL NAME  (a) Residence No. 1-1-1 C. 10 St. 11 morresident give city or fown and a full transpace of shools. 12 St. 12 St. 13 St. 12 St. 14 St. 15 St. 1	79 (Year)  19 29  19 20 m. (IOLENT and (2)  11  12  14  15  16  16  17  18  18  18  18  18  18  18  18  18

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed... As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory, The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and childuen not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

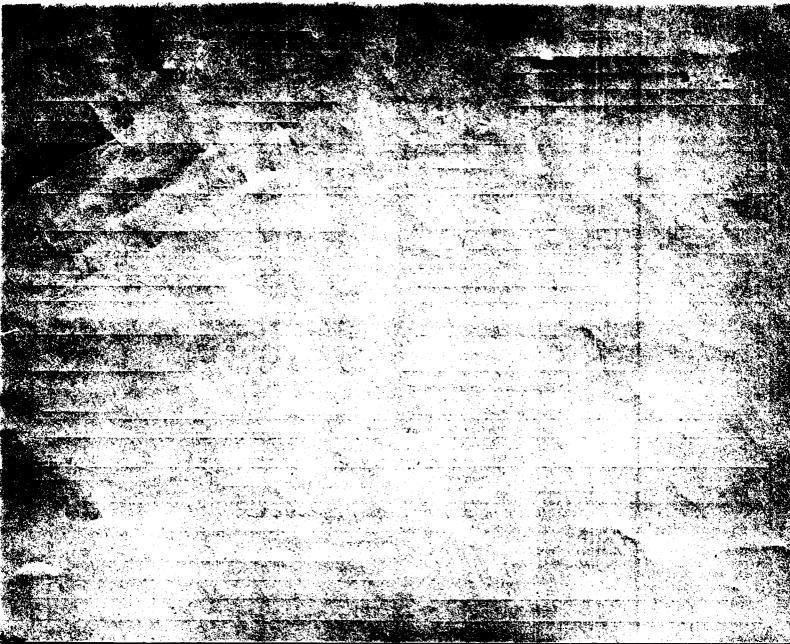
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 341 State File No. ..... (If born in hospital or institution give name.) .....Local Registrar's No. .... Prim. Registration District No. .... 2. FULL NAME OF CHILD..... 8. Date of hirth. births Full term 5. Number, in order of birth..... mate? .. (Month, Day, Year) 18. Fu MOTHER 9. Full FATHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 13. Birthplace (city or place) Bud City, Tanasan 22. Birthplace (city or place) Lelleville Cikanasa (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind. kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work..... ..... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. Before labor months period of gestation..... or weeks During labor CERTIFICATE OF ATTENDING PARTICIAN APPLICATION OF MIDWIFE I hereby certify that I attended the birth of this child, who was..... .. m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address a supplemental report (Date of) Registrar.



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te Flainly with Unfading Ink—This is a permanent	back carefully
SI SIUX.	is on back carefully
Untading Ink	Explanations on h
lainly with L	Read E
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1. PLACE OF DEATH	e of idaho – division of CERTIFICATE OF	DEATH	Registered		11010
County of City of City of (Home, Hospital or Inglistion)	Registration Dist. No Primary Reg. Dist. No Local Registrar's No	(e	if d hospita give it street	l or I	curred in natitution instead of ber.
Length of residence in County Where death occurred	Mos. Days How long birth?	j in U. S. If of for <del>c</del> ign	Yrs.	Mos.	Days
2. FULL NAME YOUR IL JOB (a) Residence:	Enfield conneciul a	f non-resident give city	or county s	nd state)	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFIC	CATE OF D	EATH	
3. MALE 4. White, Black, 5. Single	e. Married, Widowed, 21. DATE	OF DEATH	ua. 9.	193	9
FEMALE Yellow Ked or Divo		EBY CERTIFY, That I		ceased fr	rom
5a. If married, widowed, or divorced Husband of (or) Wife of		19	any	27_	19-3-
6. Date of Birth (Month, day and year) Still - hi	to have oc	curred on the date state	d related		of Onset
7. AGE hrs.	minas follows	importance in order of o	nset were	Yr.	Mo. Day
8. Trade, profession, or particular kind of	work done	well lus			
9. Industry or business in which work w	as done	wim of the	nd		
10. Date deceased last worked   11. Total	time (yrs.) spent in	mull re	K,	]	
at this occupation (month this	occupation 7	ry causes of importance	not	-	
12. BIRTHPLACE (City or Town, County as	nd State, or Country) related	o principal causes		]	
Emmett, due					
13. NAME Oliver Newton	Where wa	s disease first diagnosed	?		
14. BIRTHPLACE (City or Town, County	Name of	peration	dat	te of	
Cherenne County !	Condition	for which performed			······
15. MATTEN NAME	Umblek What test	confirmed diagnosis?			
16. BIRTHPLACE (City or Town, County	the state of the s	an autopsy?			
LA MANA		h was due to external			
17. SIGNATURE OF LOCKEY		.ccident—Suicide—Homic		injury	
(Address)			ity or town,		
18. BURIAL, CREMATION OR REMOVAL		ether injury occurred in injury		ome pu	iblic place
19. UNDERTAKER Buck	// Nature of	injuryinjury in an		ed to oc	cupation of
(Address) Crimett	deceased?				
20. FILED AND BURIAL OR REMOVAL PI	ERMIT ISSUED	Man	hus	~	W D
on aug 10 193 9 by	Registrar (Address)	San	not.		M. D.

-STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

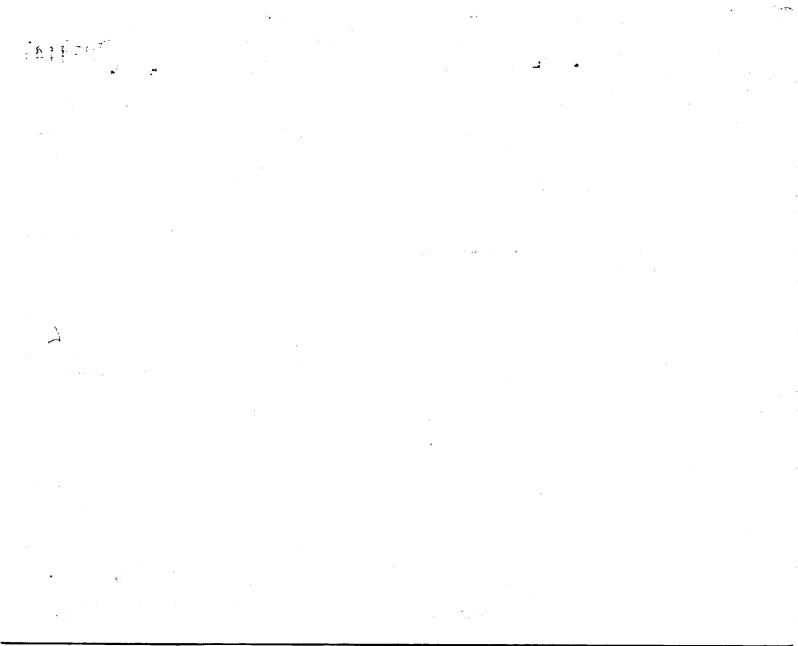
- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.-- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greecey store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as corpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salestant and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			•••••
			•



MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item

PLACE OF DEATH	STATE OF IL DEPARTMENT OF PUB		DO NOT WRITE IN THIS SPA
County of	BUREAU OF VITAL	_	-
city of Twaskia	CERTIFICATE (		State File No. 15754
	Registration District No		
	Primary Registration Distric	ct No. 2.184	Local Registrar's No. 46
(If death or	curred in a hogpital or Instituti	On olyo ita nama ina	
2. FULL NAME BOL	y mi Pherso	w	
(a) Residence. No			-St
(Usual place of abode Length of residence in city or tow			sident give city or town and state) in U.S., if of foreign birth? yrs. mo
PERSONAL AND STATE	STICAL PARTICULARS	MEDICA	AL CERTIFICATE OF DBATH
3. SEX 4. Color of Ra	ce 5. Single, Married, Widow- ed or Divorced (write the	21 DATE OF DE	ATH (month, day and year)
male White	word)		ERTIFY, That I attended deceased
5a. If married, widowed, or do	vorced	7. 17	, 193.9, to 7.7.1.7
(or) WIFE of		I last saw h	and -
6. DATE OF BIRTH (month,	lay, and year)	1	on the date stated above, at
7. AGE Years Months	Days If LESS than 1 day, hrs		se of death and related causes of
	or min	11 // .	Date of
8. Trade, profession, or part kind of work done, as	icular	Stell	bois
sawyer, bookkeeper, etc.			
9. Industry or business in work was done, as silk in	nill,	Wilcol (	Lorne dinel
saw mill, bank, etc  10. Date deceased last work	11. Total time (years)	tefare	bisch
ed at this occupation (mo. and yr.)	n spent in this occupation	Other contribute	ory causes of importance:
12. BIRTHPLACE (city or tow	) Thousters	-	
(State or country)			
13. NAME Sellon	Cherson		
14. BIRTHPLACE (city or	town, Charnalie Ida		Date of
(State or country)			ed diagnosis? Was there an auto
15. MAIDEN NAME MUI	mix X. Stadtmon	the following:	iue to exter'i causes (violence) fill i
16. BIRTHPLACE (city or	town) Int Idaho, Idah		or homicide? Date of injury.
(State or country)	nau Ol.	- (Sp	ecify city or town, county, and stat
17. INFORMANT (Address)	ia dala,	1 .	njury occurred in industry, in kome
18. BURIAL, CREMATION OR	REMOVAL	1	
Place. J. Wasfield.	Date firty 17., 1939	Nature of injury.	
19. UNDERTAKER	, frenkry		r injury in any way related to occu
(Address)	mad de Puns	of deceased?	bu P Wieles
20. FILED. Sept. 6., 193.9.	Registrar.	(Adgress)	France de la como
		<del></del>	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMPLE I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

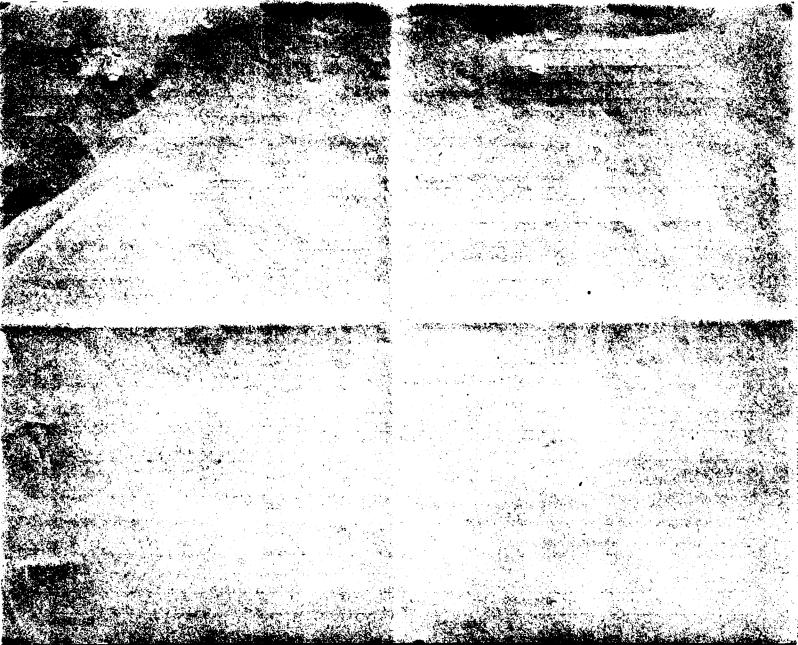
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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EVAMBLE II

DAMII ED I		LAAMI LL II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
,			
,			

IL PLACE OF BIRTH	C
RECEIVE	DEPARTMENT OF PUBLIC WELFARE
County of	DO BUREAU OF VITAL STATESTICS
No. Out Lader of Consolations SEP 01	certificate of Birth 284142
	District NoState File No
77	
	ration District No. 2113 Local Registrar's No. 54
2. FULL NAME OF CHILD Joseph	Downers
If plural [4. Twin, triplet, or other6. ]	Premature
bish	birth Club, 19 198 0
Full FATHER	/ / (Mogui, Day, 16a) /
name of , , f	meiden
Residence (usual place of abode)	name Letha Lucille austin
(If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State).
. Color or race. W.   12. Age at last birthday 33 (years)	20. Color or race
3. Birthplace (city or place) Thite Bird	22. Birthplace (city or place). Clearwater
(State or Country)	(State or Country)
144 675 1	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.	Z of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which	24. Industry or business in which
work was done, as silk mill,	work was done, as own home,
sawmill, bank, etc.  16. Date (month and year)  17. Total time (years) spent	lawyer's office, silk mill, etc
last engaged in this work 17. Total time (years) spent	last engaged in this work 26. Total time (years) spent
in this work	in this work
7. What prophylactic was used to prevent Ophthalmia Neona	torum? Silver Mitorate 170
	and including this child) 2
(a) Born alive and now	living
9. If stillborn, months	C Potovo Johan
period of gestation or weeks	30. Cause of stillbirth
CERTIFICATE OF ATTENDING	
I hereby certify that I attended the birth of this child, who was	Stillion at/2:15 m on the date above stated.
	(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, hoseholder, etc., (S	igned) Heeley 5 Over M. D.
Give name added from Ad	dress Cottonwood Ila
(Date of)	
Rogistrar.	ed Sept 5 , 1989 A . 3 . Comments Registrar.
months.	- with the state of the state o



PLACE OF DEATH STATE OF IDAHO County of Jaho DEPARTMENT OF PUBLIC WELFARE information DEATH in See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS City of Collamna d CERTIFICATE OF DEATH State File No..... Registration District No. 105 Primary Registration District No. 2/63 Local Registrar's No. 20 important. Every item CAUSE (If death occurred in a hospital or institution, give its name instead of street and number) oseph Donneco 2. FULL NAME (a) Residence No. OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. RECORD. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single. Married. Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) 21. 193 9 owed or Divorced (write the word) Single 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced \_\_\_\_\_\_, 193...., to \_\_\_\_\_\_\_, 193.... HUSBAND of I last saw h...... alive on \_\_\_\_\_\_193....: death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at..... m. If LESS than The principal cause of death and related causes of im-Years Months Days 7. AGE 1 day ..... hrs. portance were as follows: Still Low Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, UNFADING INK-THIS IS sawver, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation ..... (mo. and yr.) ..... 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of What test confirmed diagnosis?..... Was there an NAME autopsy? 700 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: carefully supplied. Accident, suicide, or homicide?..... Date of injury\_\_\_\_\_\_ 15. MAIDEN NAME\_ 193..... Where did injury occur?.... 16. BIRTHPLACE (city or town) Cleasurate + (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address) olain terms. Manner of injury.... 18. BURLAL. Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKE of deceased?......If so, (Signed)

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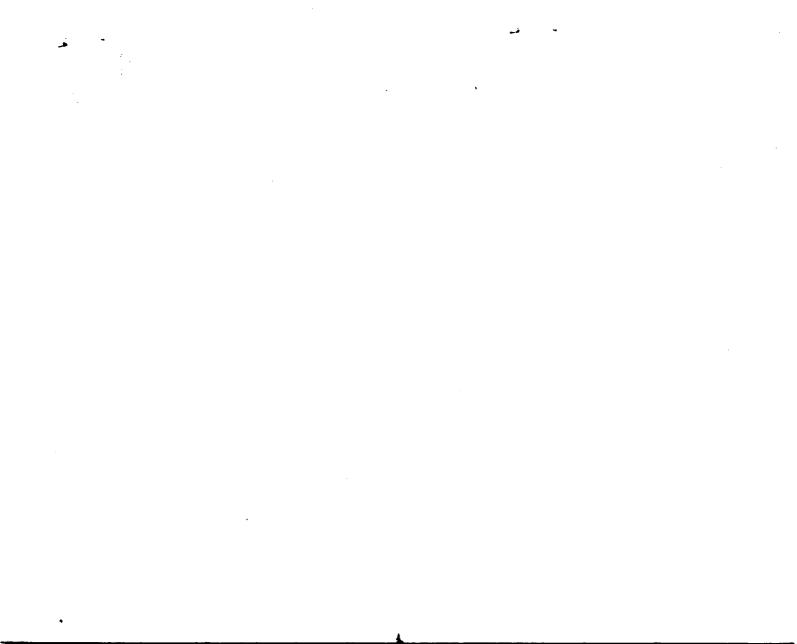
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

RECEIVED STATE OF IDARO DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS In case of mure order of birth st City of., CERTIFICATE OF BIRTH 30 State File No. .... Registration District No. ..... Prim Registration District No. 195/ Local Registrar's No. 3 (2) (If born in hospital or institution give name.) 듸 2. FULL NAME OF CHILD 8. Date of If plural (4. Twin, triplet, or other.... 6. Premature... 7. Legiti-WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. Separate Beturn must be made for each, and the number of each, 3. Sex birth... Full term 2 5. Number, in order of birth... mate? (Month, Day, Year) FATRIER 9. Full 18. Full maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State (If non-resident, give place and State).... 11. Color or race.... 13. Birthplace (city or place). 22. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. ..... lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work Town 19 in this work.... 19... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead............ (c) Stillborn During labor months 29. If stillborn. 30. Cause of Stillbirth .... or weeks period of gestation.... Before labor.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn) WRITE PLAINLY one child at birth a When there was no attending physician (Signed) .... or midwife, then the father, hoseholder, etc., should make this return. ....., Midwife Give name added from Address Columbia a supplemental report..... (Date of) Registrar.



1 DIACE OF DEATH	VISION OF PUBLIC-HEALTH TE OF DEATH  Registered No. 11575
County of Colenacy Registration	Dist. No. 3.0 if death occurred in hospital or institution give its name instead of
Length of residence in County Yrs. Mos. Days where death occurred	How long & Ps. 1997 1999 Yrs.   Mos. Days
2. FULL NAME // Lulland, Lacer (a) Residence:	Selmont Disho (If non-evident size city or county and state)
	(11 non-tondent Bire only of county and nearly
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, FEMALE Yellow, Red or Divorced (write the word)	(month, day and year) 8 // 4 / 3 7
5a. If married, widowed, or divorced Husband of	22. I HEREBY CERTIFY, That I attended deceased from
(or) Wife of	I last saw h alive on 19 Death is said
6. Date of Birth (Month, day and year) 8-/6-/939	to have occurred on the date stated above, atm.
7. AGE Years Months Days If less than 1 day	The principal cause of death and related causes of importance in order of onset were as follows:  Yr.   Mo.   Day
8. Trade, profession, or particular kind of work done	succession
s	Improper development
9. Industry or business in which work was done	of head- Heart
10. Date deceased last worked at this occupation (month) 11. Total time (yrs.) spent in this occupation	bund good wo
at this occupation (month and year)	Contributory causes of importance not
12. BIRTHPLACE (City or Town, County and State, or Country)	related to principal company pm,
1 1	
13. NAME NEWY A CUMP 14. BIPTHPLACE (City or Town, County and State, or Country)	Where was disease first diagnosed?
	Name of operation date of
- Lamier Pot	Condition for which performed
15. MAIDEN NAME ELLOW 13 mm	What test confirmed diagnosis?
16 BIRTHPLACE (City of Town, County and State, or Country)	Was there an autopsy? Was there an inquest?
17. SIGNATURE OF	23. If death was due to external causes, fill in also the following:  (Check) Accident—Suicide—Homicide? Date of injury
INFORMANT ACTION	19 Where did injury occur?
(Address)	(Specify city or town, county and state)
18. BURIAL, CREMATION OR REMOVAL Placefreet Cound Cleme Date 8 / 19.7	Check whether injury occurred in industry home public place  Manner of injury
Piacepular Date Date Date Date Date Date Date Date	Nature of injury
19. UNDERTAKER (August Through Through (Address)	24. Was disease or injury in any way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased. If so specify
on 8/2/ 1939 by 1/2 Kew thank land,	(SIGNED) Crew of aline. M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.-The trade, profession or particular kind of work done.
- 9.-The industry of business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

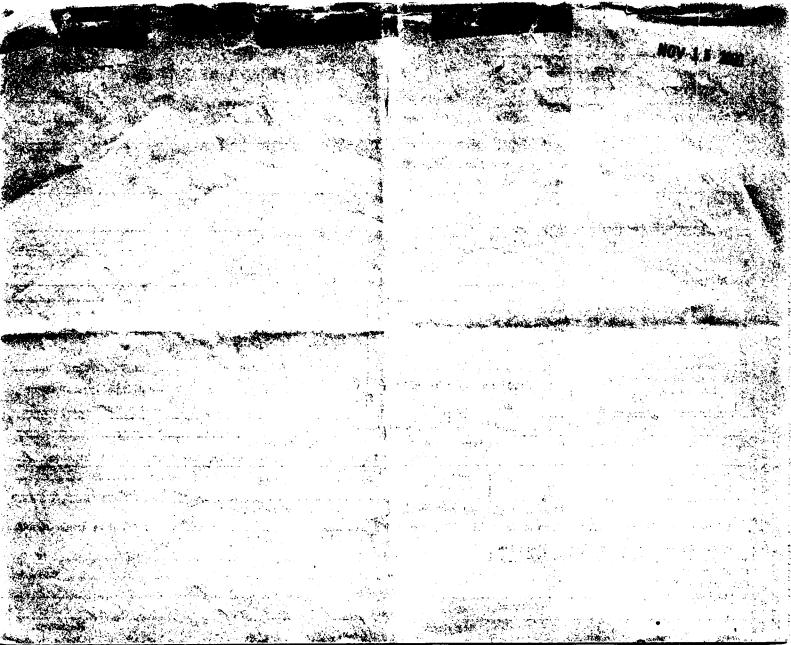
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grovery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	•		••••••
			***************************************

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. case (er of (If born in hospital or institution give name.) . Prim. Registration District No. 2/45 Local Registrar's No. 2. FULL NAME OF CHILD. Ë 8. Date of If plural (4. Twin, triplet, or other..... 6. Premature 7. Legiti-3. Sex 1 births 5. Number, in order of birth.... Full term...mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name ( maiden ' name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)..... (If non-resident, give place and State)..... 22. Birthplace (city or place) Partida 13. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, ( sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 15. Industry or business in which work was done, as silk mill, 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. . 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work Prisend 1939 in this work 5 4in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother 29. If stillborn. Before labor.... months Cause of stillbirth period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR WIDWIFE at 2 2 m. on the date above stated. I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Give name added from chile a supplemental report..... Address (Date of) Filed Registrar. Registrar.



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

OHACI TO ETATE DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_\_State File No. \_\_\_\_ (If born in hospital or institution give name.) 94 Local Registrar's No. Prim. Registration District No. 2. FULL NAME OF CHILD 6. Premature If plural 4. Twin, triplet r other... 3. Sex hirth hirths 5. Number, in order of birth.... Full term... (Month. Day. Year) 9. Full **FATHER** 18. Full name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident give place and State)..... 22. Birthplace (city or place) Talk Rue Court 13. Birthplace (city or place)..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... [ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. ... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work..... in this work..... 19..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING (At time of this birth and including this child) 28. Number of children of this mother 29. If stillborn. months Before labor period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was m, on the date above stated. Born Aliva When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. .... Midwlfe Give name added from child a supplemental report (Date of) Registrar.

Mother a feel hunded person left home father on Claim on World File Rever in clear Water Country - The good away from Home in Docember soul was gone for several days - Pregnancy forchivel -Father apparently started to Livistion Duske Rungement de-Came by book hobt upset focker drowned - Relatives went to claim hought guil out - know he details-, gul topic when bought down - following deliver, admitted to State Hosp Orojino-pending farther wit o) ongles and? disposition.

PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE See instruc-County of Nez Perce DO NOT WRITE IN BUREAU OF VITAL STATISTICS City of Lewiston CERTIFICATE OF DEATH State File No..... Registration District No. 1009 Primary Registration District No. 96 Local Registrar's No..... important. St Joseph's Hospital (If death occurred in a hospital or institution, give its name instead of street and number) Inf. Son of Bissie Strickland (a) Residence No. 1220 Snake River Ave (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year 5/2] 193 9 owed or Diverged (write White Male 22 I HEREBY CERTIFY, That I attended deceased for the word) 5a. If married, widowed, or divorced HUSBAND of I last saw. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 5/21/39 d on the date stated above, at...... The principal cause of death and related causes of im-If LESS than Months Days 7. AGE Years 1 day 0 hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, PLAINLY, WITH UNFADING INK-THIS IS sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation ..... (mo, and yr.) ..... Lewiston 12. BIRTHPLACE (city or town). Idaho (State or country) Name of operation. No Record What test coeffirmed diagnosis?..... Was there an 13. NAME autopsy?.. 23. If death was due to exter'l carses (violence) fill in also 14. BIRTHPLACE (city or town)..... No Record (State or country) the following: 15. MAIDEN NAME Bessie Strickland 193..... 16. BIRTHPLACE (city or town) Fall River Where did injury occur? (Specify city or town, county, and state) South Dokata (State or country) Specify whether injury occurred in, industry, in home, or 17. INFORMANT in public place. (Address) Manner of injun 18. BURLAL CREMATION OR REMOV Nature of injury 24 Was disease o of deceased? Lewiston. Idaho (Address) (Signed) Registrar. (Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

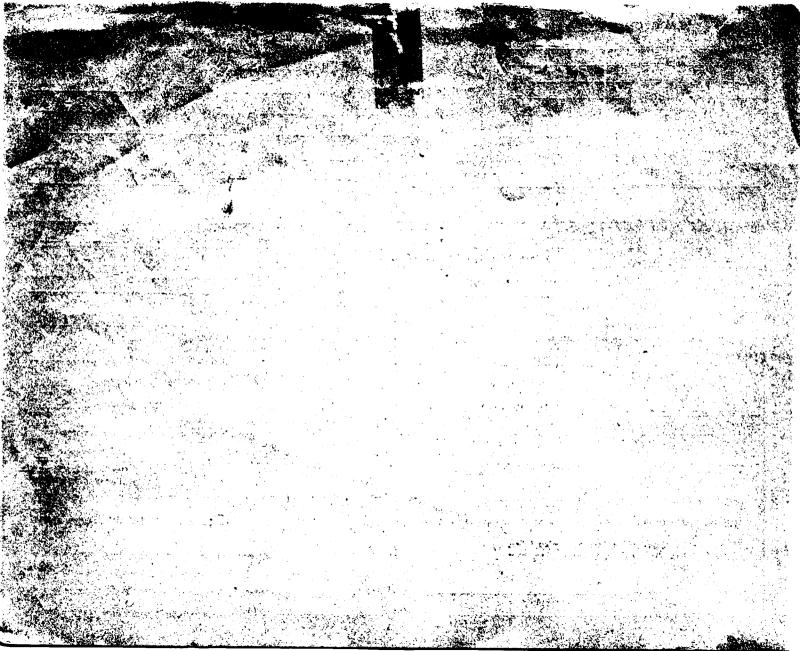
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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EXAMPLE I  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	EXAMPLE II  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

County of New Perce City of Lewiston SEP 11 19	DEPARTMENT OF PUBLIC WELFARE
City of Lewiston SEP 11 13	CHRISTIANE OF DIDEE
No. SE	CERTIFICATE OF BIRTH 284146
St. Joseph's Hospital Registration 1 (If born in hospital or institution give name.) Prim. Registr	District No. /09 State File No.
(If born in hospital or institution give name.) Prim. Registr	ation District No9_4Local Registrar's No
2. FULL NAME OF CHILD Sandra Diane.	Church
2. Sex Fema le   If plural   4. Twin, triplet, or other   6. Fema le   births   5. Number, in order of birth   Fema le   6. Fema le   6	Premature 7. Legiti- 8. Date of birth 8/21, 198 9 (Month, Day, Year)
9. Full FATHER    Dohn Hunior Church Sth Av.   Ida	18. Full MOTHER  maiden name  Gwendolyn Grover
(If non-resident, give place and State)	Residence (usual place of abode) 913 8th Av. (If non-resident, give place and State) Lewiston, Ida
11. Color or raceWhite   12. Age at last birthday 33 (years	20. Color or race. White   21. Age at last birthday. 27 (years)
13. Birthplace (city or place). Detroit, Lich (State or Country)	22. Birthplace (city or place) Helix, Oregon (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWife
15. Industry or business in which work was done, as silk mill sawmill, bank, etc. Nez Perce Tractor Co	E 24. Industry or business in which
16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
at present , 19 39 in this work	"
27. What prophylactic was used to prevent Ophthalmia Neons	
	n and including this child) w living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation	30. Cause of stillbirth
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	G PHYSICIAN OR MIDWIFE Stillborn at5:07pm. on the date above stated.
	(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc.,	Signed) EM D.
should make this return.	Midwife
(i) the name added from	diress Decouston State
(Date of)	Tied aug 3/ 1989 mar BM Thurs Mr.
Registrar.	Registrar.
	·



The remains that the substitution is a formation too	on back carefully
	back
	ns on
Summer	Read Explanations
	Read
3	

1 PLACE OF DEATH	IVISION OF PUBLIC HEALTH	Registered No
County of the Verce Registration	Dist. No. 100 95	if death occurred in hospital or institution give its name instead of street and number.
Length of residence in County Wrs. Days Where death occurred	How long in U. S. If of foreign birth?	Yrs. Mos. Days
2. FULL NAME Dandra attante ( (a) Residence: 9/3-8th avenue	(If non-resident give city	or county and state)
PERSONAL AND STATISTICAL PARTICULARS  3 MALE: 4. White, Black,   5. Single, Married, Widowed	MEDICAL CERTIFIC	( - 0
FEMALE Yellow, Red or Divorced (write the word)	(month, day and year)	g. 21, 1439
Temale White Single	22. I HEREBY CERTIFY, That I	
5a. If married, widowed, or divorced Husband of		Duy 21 1939
(or) Wife of	I last saw h.L. alive on	Death is said
6. Date of Birth (Month, day and year) Mag 21, 1939	to have occurred on the date state. The principal cause of death an	d above, at Lachkeasten m.
Years   Months   / Days   If less than 1 day	causes of importance in order or or	nset were   Date of Onset
7. AGE hrs. min.	appliows:	IF. Mo. Day
8. Trade, profession, or particular kind of work done	Museum	3
E None	7 Blacula	Jarual) 1909
9. Industry or business in which work was done	18 / hers gest	Time
9. Industry or business in which work was done  10. Date deceased last worked   11. Total time (yrs.) spent in this occupation (month)	1 Aftin was	liffing
at this occupation (month this occupation	(at time M-	usta !
and year)	Contributory causes of importance related to principal causes	not
12. BIRTHPLACE (City or Town, County and State, or Country)	related to principal causes	
Lewiston Idaho		
The Mark of Colinaria		Tours In Just a
13. NAME 4. Church 14. BIRTHPLACE (City or Town, County and State, or Country)	Where was disease first diagnosed:	
i i s	Name of operation	date of
- Welland, Michangan	Condition for which performed	
15. MAIDEN NAME, Jundalyn Graver	What test confirmed diagnosis?	
16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? 23. If death was due to external c	was there an inquest?
17. SIGNATURE OF	(Check) Accident—Suicide—Homici	-
INFORMANT	19 Where did injury	occur?
18. BURIAL, CREMATION OR REMOVAL	•	ty or town, county and state)
	Check whether injury occurred in i	ndustry nome public place
Place Lewis and de Datellig. de 1921	Nature of injury	
19. UNDERTAKER Or agree Ufangs on,	24. Was disease or injury in any	way related to occupation of
(Address) dewisten Idalia.	deceased?	-
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	044	
1 1 mg mon	(SIGNED)	and was no
on Mark 1989 by Mark / Keristrar	(Address) Lewisters	Idalia
(Data) VeRietrat	) \	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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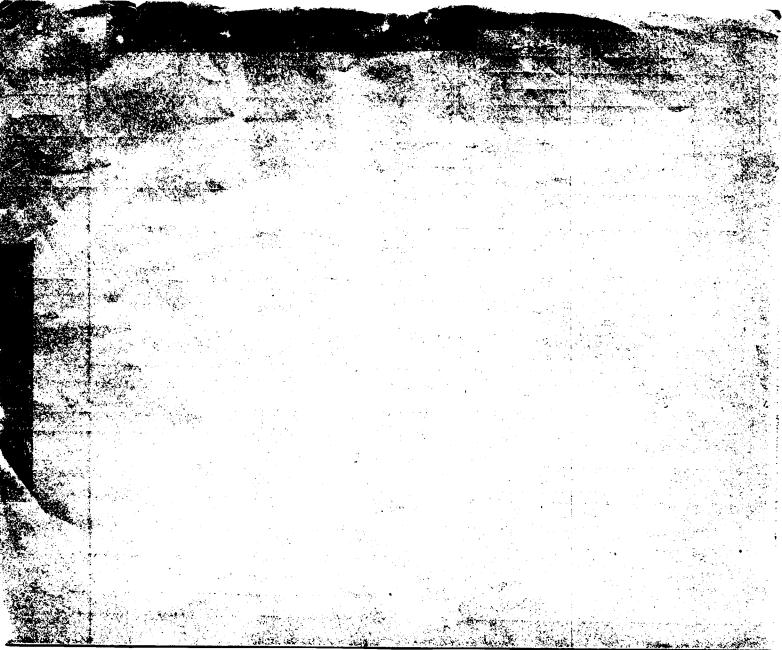
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	**************************************		••••••
	*************************		***************************************
			***************************************

City of No.		SEP 6 195 Registration I	District No. 77	UBLIC WELFARE AL STATISTICS
2. FULL NAME  3. Sex		other 8. F	remature	8. Date of birth Aug. 30, 198 (Morth, Day, Year)
9. Full name 10. Residence (un (If non-residence) 11. Color or race	sual place of abode) lent, give place and State)		18. Full U maiden name  19. Residence (usual place (If non-resident, give	of abode) place and State)    21. Age at last birthday   (year
13. Birthplace (c) (State or (c) 14. Trade, prokind of w sawyer, but 15. Industry	or place) Country)  offession, or particular ork done, as spinner, okkeeper, etc.  or business in which a done, as silk mill,	Mexico	22. Birthplace (city or plate (State or Country)  23. Trade, profession, of of work done, as he typist, nurse, clerk,  24. Industry or busines work was done, as lawyer's office, silk  25. Date (month and y	r particular kind  pusekeeper, etc.  ss in which own home,
16. Date (mor last engag	nth and year) ed in this work 2 7, 19 22 in this ylactic was used to prevent	me (years) spent work / Mossili Ophthalmia Neona	torum?	ear) 26. Total time (years) spen
29. If stillborn,	station full torsus	Born alive and nov  months or weeks	30. Cause of stillbirth	Uuring labor
When there or midwife, the should make the	was no attended the birth of was no attending physician in the father, hoseholder, etc., is return.	this child, who wa	Bigned)  ddress  iled  G PHYSICIAN OR MIDWI S STILL OR MIDWI S STILL OR MIDWI S STILL OR MIDWI S MIDWI	at 8.0 m on the date above state M. M. M. Mrsey Begistrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DEATH in County of Tilor See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH City of ..... State File No ..... 6 19 19 gistration District No. Primary Registration District No. Local Registrar's No..... is very important. state CAUSE (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence No ..... (Usual place of abode) nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. Is. How long in U. S., if of foreign birth? yrs. mos. ds. should MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and / 30 193 owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) 5a. If married, widowed, or divorced FOR BINDING HUSBAND of death is said (or) WIFE of to have occurred on the date stated above, at the 6. DATE OF BIRTH (month, day, and year) 10, 1434 If OLESS than The principal cause of death and related causes of im-7. AGE Years Months Days 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawver, bookkeeper, etc... INK-THIS 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... 10. Date deceased last work-11. Total time (years) be properly classified. Other contributory causes of importance: ed at this occupation spent in this occupation ..... (mo, and yr.) ..... should 12. BIRTHPLACE (city or town)... (State or country) Name of operation Date of What test confirmed diagnosis?.... Was there an FATHER 13. NAME autopsy? 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: carefully supplied. 15. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (city or town)... (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place..... (Address) Manner of injury..... Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKEN of deceased?..... (Address) (Signed) ..... Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones ADDITIONAL SPACE	May 1, 1923 FOR FURTH	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis  ER STATEMENTS BY PHYSICIAN	1 year
	·····		

the	County of Heeters RECEIVED	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
of more birth st	City of Land 4 / 4/14 / - St 667 18 1939	CERTIFICATE OF BIRTH S 285019  District No. State File No.
In case	(If born in hospital or institution give name.) Prim. Regist 2. FULL NAME OF CHILD. Baby Benja	ration District No. 105/ Local Registrar's No. 274  men (Still birth)
each, in	3. Sex   If plural \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Full term mate? (Month, Day, Year)
RECORD Imber of ea	9. Full name Edga Gilman Benjame:  10. Residence (usual place of abode) 6.3 + Lindan	10. Boridones (vens) place of shods)
PERMANENT ch, and the nu	(If non-resident, give place and State)  11. Color or race	(If non-resident, give place and State)  20. Color or race.   21. Age at last birthday. (years)  22. Birthplace (city or place)
S IS A e for ea	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill,	24. Industry or business in which work was done, as own home,
INK—THI	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work	in this work
	27. What prophylactic was used to prevent Ophthalmia Neon	atorum?
UNFADING te Return m	28 Number of children of this mother (At time of this hist	h and including this child)  w living3 (b) Born alive but now dead
H 2	29. If stillborn, months period of gestation	30. Cause of Stillbirth Before labor
WRITE PLAINLY WITH one child at birth a Sepan	When there was no attending physician or midwife, then the father, householder, etc., should make this return.  Give name added from a supplemental report.	(Born Alive or Stillborn) (Signed)  M. D.  Midwife  Address  Address
WRI one	Registrar.	Filed 9-12 1939 AK + EULONGO, TW A Registrar.

appearances his been dead for several these before birthe BW Tees II

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DEATH in information BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No .... Registration District No. Primary Registration District No. 2.0.51 Local Registrar's No... OF 7 important. CAUSE (If death occurred in a hospital or institution, give its name\_instead of street and number) Benjamen 2. FULL NAME. (a) Residence No. 1524 OCCUPATION is very (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. RECORD. MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-21. DATE OF DEATH (month, day and year) 2-2-933 9 4. Color or Race 3. SEX owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) -25 - , 1939, to 8-25 5a. If married, widowed, or divorced HUSBAND of I last saw hand alive on 193.7.: death is said (or) WIFE of to have occurred on the date stated above, at. [1.45] 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of im-If LESS than Months Days 7. AGE Years 1 day ..... hrs. portance were as follows: 0 Date of onset O Δ or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... UNITADING INK-THIS 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation \_\_\_\_\_ (mo, and vr.) 12. BIRTHPLACE (city or town) (State or country) Name of operation...... Date of...... What test confirmed diagnosis?..... Was there an 13. NAME autopsy?..... 23. If death was due to exter'l causes (violence) fill in also 14. BIRTHPLACE (city or town) (State or country) the following: Accident, suicide, or homicide?...... Date of injury...... 15. MAIDEN NAME ( Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place..... 17. INFORMANT (Address) Manner of injury 18. BURIAL. CREMATION hould be Nature of injury Place Irust 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? If so spec (Address) (Signed) ..... 20. FILED Que. 3.6., 193. 1 ż

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To be complete an occupation return must state:

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

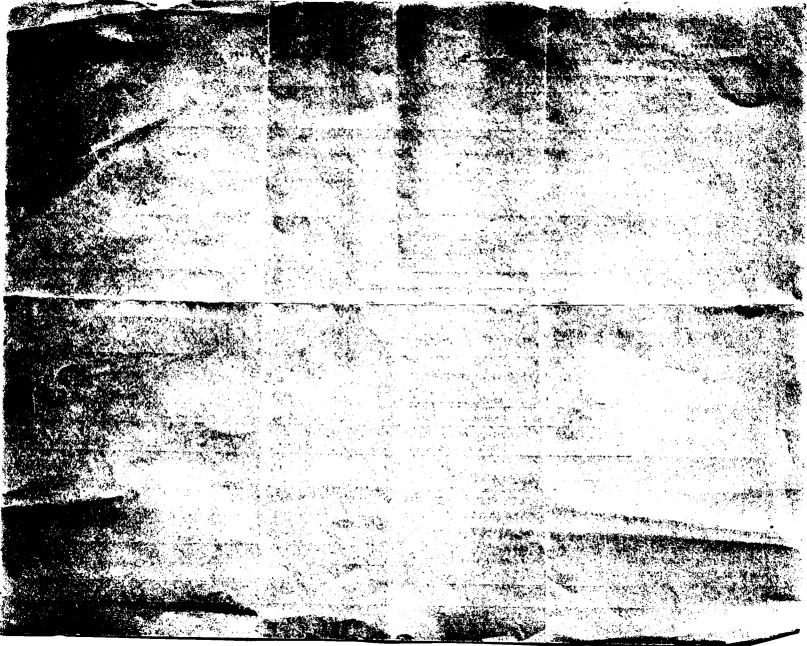
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of..... City of. Registration District No. ... State File No. . Local Registrar's No. .. Prim. Registration District No. (If born in hospital or institution give name.) eliman 2. FULL NAME OF CHILD 8. Date of If plural (4. Twin, triplet, or other 6. Premature 7. Legiti-3. Sex hirths 5. Number, in order of birth. 2 Full term mate? (Month. Day, Year) MOTHER 9. Fúll FATHER 18. Full maiden name name 10. Residence (usual place of abode) 9. Residence (usual place of abode) (If non-resident, give place and State) 2707 Manufact (If non-resident, give place and State). 12. Age at last birthday 23 (years) 22. Birthplace (city or place). Eldou Mo. 13. Birthplace (city or place) June Mout ар (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular Inucktiving of work done, as housekeeper, 15. Industry or business in which Magles Beverge Co F. sawmill hank ato kind of work done, as spinner. typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work several 4 in this work Sek 21, 1939 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother During labor .... 29. If stillborn. 30. Cause of Stillbirth . period of gestation about 14012542 Much Before labor... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 6 7 m. on the date above stated. loon I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn) When there was no attending physician ) (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.



DO NOT WRITE IN THIS SPACE State File No. Local Registrar's No..... (If death occurred in a hospital or institution, give its name instead of street and number) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH. 21. DATE OF DEATH (month, day and year 22 I HEREBY CERTIFY, That I attended deceased from 1939 to See to have occurred on the date stated above, at The principal cause of death and related causes of im-Name of operation 2000 Date of ..... What test confirmed diagnosis?...... Was there an 23. If death was due to exter'l causes (violence) fill in also Accident, suicide, or homicide? ...... Date of injury...... Where did injury occur? (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place..... Manner of injury..... Nature of injury

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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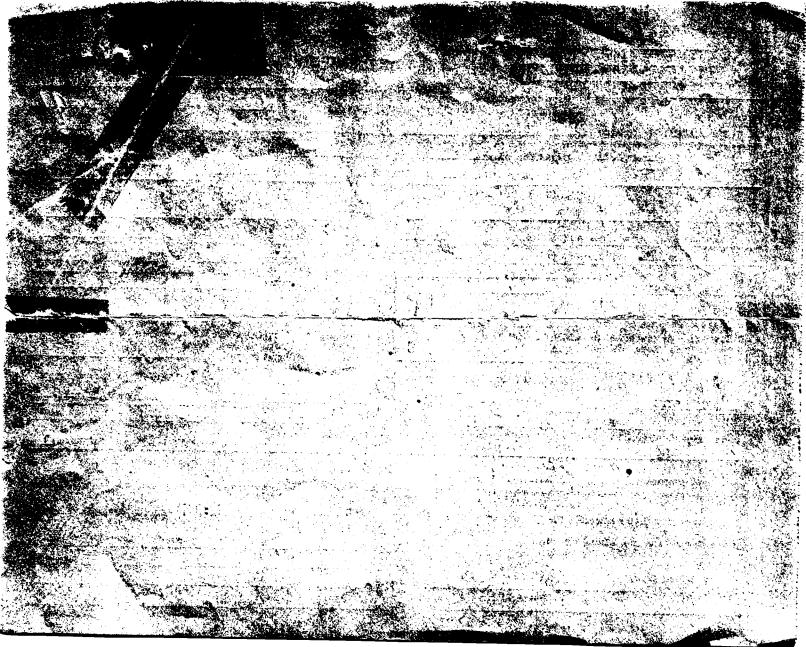
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

. . STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WREFARE Bannock BUREAU OF VITAL STATISFICS County of. Official District No. -Pe atello CERTIFICATE OF BIRTH City of. 285331 Anthony Mercy St. No. Hospital \_State File No. ... Prim. Registration District No. 216/ Local Registrar's No. (If born in hospital or institution give name.) Stillborn Romy 2. FULL NAME OF CHILD..... 8. Date of 7. Legiti-If plural (4. Twin, triplet, or other\_\_\_\_\_\_6. Premature... birth Sept. 1 3. Sex **yes** mate? .... (Month, Day, Year) 5. Number, in order of birth.... Full term. Male NT RECORD. number of ea MOTHER 18. Full 9. Full **FATHER** maiden Cara Curtis Louisa name Garland Homer name 10. Residence (usual place of abode) (If non-resident, give place and State). Wilson 19. Residence (usual place of abode) 11. Color or race. Ha. | 12. Age at last birthday 25 (years) 20. Color or race. | 21. Age at last birthday 17 (years) 22. Birthplace (city or place) Pocatello. Idaho 13. Birthplace (city or place) Ironton. Ohio and (State or Country) (State or Country) 23. Trade, profession, or particular kind A ir rir each, 14. Trade, profession, or particular of work done, as housekeeper, Housewife kind of work done, as spinner, kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mith. sawyer, bookkeeper, etc. Mechanic typist, nurse, clerk, etc. made for 24. Industry or business in which Motor Co work was done, as silk millannock work was done, as own home, Home lawyer's office, silk mill, etc. \_ sawmill, bank, etc. ..... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work þ UNFADING INK-te Return must be in this work 1 VI in this work 1 yr. present 19 present ..... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1 one Conselled During labor..... months 30. Cause of Scillbirth .... 29. If stillborn, period of gestation July Sychocethal Before labor 110 or weeks WITH 1 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE **Stillborn** at 1:13m. on the date above stated. I hereby certify that I attended the birth of this child, who was...... (Born Alive or Stillborn) When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... 뎕 (Date of) one Rogistrar.



	Dist. No. give its name instead of street and number.
Length of residence in County Yrs. Mos. Days Under death occurred	How long in U. S. If of foreign Yrs. Mos. Days birth?  Olio, Idano.
2. FULL NAME Gary Dean Romy (a) Residence: 277 /ilson Ave. Posat	(If non-resident give city or county and state)  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. MALE FEMALE FEMALE 1. 3. White, Black, Yellow, Red 1. 3. 10 1. 11 1. 10 1. 11 1	21. DATE OF DEATH (month, day and year) Sentember 1, 1909.  22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced Husband of (or) Wife of	I last saw h alive on
6. Date of Birth (Month, day and year) SODTOMOSE 1, 1996.  7. AGE Years Months Days If less than 1 day min.	to have occurred on the date stated above, at The principal cause of death and related causes of impertance in order of onset were as follows:    Date of Onset     Yr.   Mo.   Day
8. Trade, profession, or particular kind of work done 11010 9. Industry or business in which work was done 5till-born Intant	The state of the s
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)	Contributory causes of importance not related to principal causes
Pocatello, Idano.	Where was disease first diagnosed?
14. BIRTHPLACE (City or Town, County and State, or Country) Ironton, Ohio.	Name of operation date of  Condition for which performed
15. MAIDEN NAME LOUISO CUPTIS 16. BIRTHPLACE (City or Town, County and State, or Country) Podatelio, Idaho.	Was there an autopsy? Was there an inquest?
17. SIGNATURE OF CALLON REMAN.  (Address) POCE USILO, Ideho.	(Check) Accident—Suicide—Homicide? Date of injury  ———————————————————————————————————
18. BURIAL, CREMATION OR REMOVAL  Place OCA COLLO, Idaho. Date oct. 219 00  19. UNDERTAKER  19. TO	Check whether injury occurred in industry home public place  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of
(Address) FOGETOLIO, Ideno.  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased? If so, specify
Scat. 1, 193 by Registrar	(SIGNED) POCETELLO, Idaho.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
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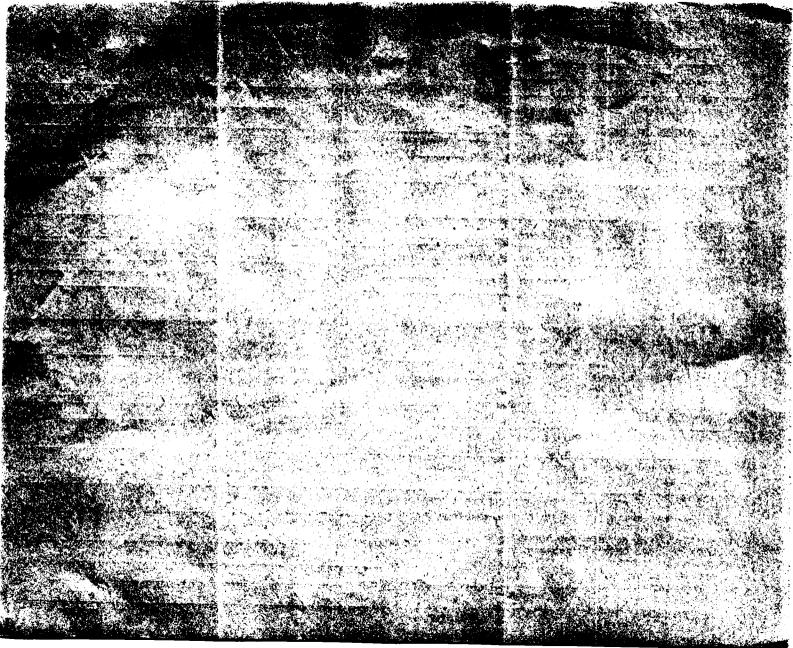
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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

TITEL A DETTO THE THE

marini in 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis		related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
and the second s			

of more than birth stated.	County of Bannock City of Pocatello No. 101 South Johnson St.	CERTIFICATE OF BIRTH S 283300
In case of order of b	Designation D	istrict NoState File NoState Fil
RECORD. N. B. mber of each, in	3. Sex    If plural \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	emature 7. Legitibirth Sept. 14, 1929  Il term Yes mate? Yes (Month, Day, Year)  18. Full MOTHER  maiden  name Wanda Peterson  19. Residence (usual place of abode)  (If non-resident, give place and State)
IS A PERMANEI for each, and the	11. Color or race	20. Color or race
NG INK-THIS n must be made	work was done, as silk mill, Renter    Sawmill, bank, etc.	lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  At Present, 19.39.  orum? Argyrol 20%  and including this child)
WITH UNFADING Separate Return m	One (a) Born alive and now  29. If stillborn, months or weeks	30. Cause of Stillbirth
PLAINLY d at birth a	or midwife, then the father, householder, etc., should make this return.  Give name added from	PHYSICIAN OR MIDWIFE Still-born Born Alive or Stillborn  Igned)  Midwife  Midwife
WRITE F	(Date of)	ed 10-9 1989 Registrar.



COGALLY Of ROCATESILO PRIMARY Registration Dist. No.		TE OF DEATH	Registered No. 11611
POCE tello. General Hospital Local Registrar's No.  (Home, Hospital or Institition)  Length of residence in County where death occurred oc	County of Bannock Registration I	Dist. No	hospital or institution
Length of residence in County where death occurred County and state)  2. FULL NAME	Pocatello General Hospital Local Registra	ar's No.	street and number.
PERSONAL AND STATISTICAL PARTICULARS   PERSONAL THE PARTICULARS   PERSONAL AND STATISTICAL PAR	Length of residence in County Yrs. Mos. Days	How long in U. S. If of foreign	Yrs. Mos. Days
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  MALE  White, Black   S. Single Married Widowed or Provinced (write the word)   Total Control of Imperiance in order of onset were as follows:    Total Control of Provinced (write the word)   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in order of onset were as follows:   Total Control of Imperiance in or	James Wilson		
PERSONAL AND STATISTICAL PARTICULARS    MALE   1. White   Mack   Single, warried, Widowed, or Wilsowed   White   Single, warried, Widowed, or Divorced (write the word)   White   Single   White	(a) Residence: R. F. D. #1, Pocatello,	Idaho. (If non-resident give city or	county and state)
3. MALE FEMALIS FEMALI	DERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
19.39, to 19.39,	3. MALE 4. White, Black, 5. Single, Married, Widowed,	(month, day and year) Septen	
Husband of (cr) Wife of  6. Date of Birth (Month, day and year) September 14, 1939.  7. AGE Vears Months Days If less than 1 day O O hrs. min. principal cause of death and related above, at the principal cause of death and related to have occurred on the date started above, at the principal cause of death and related to have occurred on the date started above, at the principal cause of death and related to have occurred on the date started above, at the principal cause of death and related to part of onset were a follow:  8. Trade, profession, or particular kind of work done  None  9. Industry or business in which work was done  1. Infant  10. Date deceased last worked at this occupation this occupation and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Pocatello, Idaho.  13. NAME James W. Wilson  14. BIRTHPLACE (City or Town, County and State, or Country)  Pocatello, Idaho.  15. MAIDEN NAME Wanda Peterson  16. BIRTHPLACE (City or Town, County and State, or Country)  Logan, Utah.  17. SIGNATURE OF Annual Logan, Julah.  18. BURIAL, CREMATION OR REMOVAL PERMIT SSUED  19. UNDERTAKER Hall MOTTURY by Annual County and State)  19. UNDERTAKER Hall MOTTURY by Annual County December of Injury  19. UNDERTAKER Hall MOTTURY by Annual County December of Injury  19. UNDERTAKER Hall MOTTURY by Annual County December of Injury  19. UNDERTAKER Hall MOTTURY by Annual County December of Injury  19. UNDERTAKER Hall MOTTURY by Annual County December of Injury  20. FILED AND BURIAL OR REMOVAL PERMIT SSUED  10. SIGNED	MAIO NAILO SINGLE	22.1 HEREBY CERTIFI, THAT I ALL	0 / 14 1939
6. Date of Birth (Month, day and year) September 14, 1939, (Month, day and year) September 14, 1939,  7. AGE	Husband of		
7. AGE Years Months Days If less than I day O O hrs. min.  8. Trade, profession, or particular kind of work done NONE  9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  FOCA tello, Idaho.  13. NAME James W. Wilson  14. BIRTHPLACE (City or Town, County and State, or Country)  POCA tello, Idaho.  15. MAIDEN NAME Wanda Peterson  16. BIRTHPLACE (City or Town, County and State, or Country)  Informant Wanda Peterson  Informant Wanda Peterson  Informant Wanda Peterson  Informant Was there an autopsy? Was there an inquest?  23. If death was due to external causes, fill in also the following:  (Address) Poca tello, Idaho.  17. SIGNATURE OF Ames W. James Was there an inquest?  18. BURIAL CREMATION OR REMOVAL Place Poca tello, Idaho.  19. UNDERTAKER Hall Mortuary by C. Thall Manner of injury  (Address) Poca tello, Idaho.  19. UNDERTAKER IN MORTUARY by C. Thall Manner of injury  20. FILED AND BURIAL OR REMOVAL PERMIT SSUED	C Date of Birth		,
8. Trade, profession, or particular kind of work done None 9. Industry or business in which work was done 10. Date deceased last worked in this occupation (month at this occu	(Month, day and year) September 14, 1939.	HTTHA BYINGING CAUSE OF GERIN ANU	Date of Unset
8. Trade, profession, or particular kind of work done None 9. Industry or business in which work was done Infant 10. Date deceased last worked in this occupation and year)  12. BIRTHPLACE (City or Town, County and State, or Country) Pocatello, Idaho.  13. NAME James W. Wilson 14. BIRTHPLACE (City or Town, County and State, or Country) Pocatello, Idaho.  15. MAIDEN NAME Wanda Peterson 16. BIRTHPLACE (City or Town, County and State, or Country) Iogan, Utah.  17. SIGNATURE OF AMAGE OF AMAGE OF AMAGE OF ACCIDENT OF AMAGE OF AMAGE OF ACCIDENT OF AMAGE	I cars months	as follows://	Yr. Mo. Day
None    None	() () () (DIS	alleadasi	~~
9. Industry or business in which work was done Infant 10. Date deceased last worked at this occupation (month at this occu	No.	00 B 1/4	
and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Pocatello, Idaho.  13. NAME James W. Wilson  14. BIRTHPLACE (City or Town, County and State, or Country)  Pocatello, Idaho.  15. MAIDEN NAME Wanda Peterson  16. BIRTHPLACE (City or Town, County and State, or Country)  Logan, Utah.  17. SIGNATURE OF CAMPANTION OR REMOVAL Place Pocatello, Idaho.  18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho.  19. UNDERTAKER I Mortuary by C. T. Tall  20. FILED AND BURIAL OR REMOVAL PERMIT SSUED	9. Industry or business in which work was done	2	<u></u>
and year)  12. BIRTHPLACE (City or Town. County and State, or Country)  Pocatello, Idaho.  13. NAME James W. Wilson  14. BIRTHPLACE (City or Town. County and State, or Country)  Pocatello, Idaho.  15. MAIDEN NAME Wanda Peterson  16. BIRTHPLACE (City or Town. County and State, or Country)  Logan, Utah.  17. SIGNATURE OF Logan, Utah.  18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho.  18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho.  19. UNDERTAKER I Mortuary by C. T. Tall  19. UNDERTAKER Pocatello, Idaho.  19. UNDERTAKER I Mortuary by C. T. Tall  19. UNDERTAKER Pocatello, Idaho.  19. UNDERTAKER I Mortuary by C. T. Tall  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	Infant Total time (yrs ) spent in	D = Q	<del>/</del>
and year)  12. BIRTHPLACE (City or Town. County and State, or Country)  Pocatello, Idaho.  13. NAME James W. Wilson  14. BIRTHPLACE (City or Town. County and State, or Country)  Pocatello, Idaho.  15. MAIDEN NAME Wanda Peterson  16. BIRTHPLACE (City or Town. County and State, or Country)  Logan, Utah.  17. SIGNATURE OF Logan, Utah.  18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho.  18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho.  19. UNDERTAKER I Mortuary by C. T. Tall  19. UNDERTAKER Pocatello, Idaho.  19. UNDERTAKER I Mortuary by C. T. Tall  19. UNDERTAKER Pocatello, Idaho.  19. UNDERTAKER I Mortuary by C. T. Tall  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	at this occupation (month this occupation	l *	
13. NAME	and year)	Contributory causes of importance no	>t
13. NAME	12. BIRTHPLACE (City or Town, County and State, or Country)	Qualin	
14. BIRTHPLACE (City or Town, County and State, or Country)  Pocatello, Idaho.  15. MAIDEN NAME Wanda Peterson  16. BIRTHPLACE (City or Town, County and State, or Country)  Logan, Utah.  17. SIGNATURE OF A CAMES WAS there an inquest?  (Address) Pocatello, Idaho.  18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho.  19. UNDERTAKER MORTUARY by And State)  19. UNDERTAKER MORTUARY by And State)  19. UNDERTAKER Pocatello, Idaho.  19. UNDERTAKER MORTUARY by And State)  (Address) Pocatello, Idaho.  19. UNDERTAKER MORTUARY by And State)  (Address) Pocatello, Idaho.  (Address) Pocatello, Idaho.  (Specify city or town, county and state)  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?  (SignED) M. D.  (SIGNED)	Pocatello, Idaho.	7	
14. BIRTHPLACE (City or Town, County and State, or Country)  Pocatello, Idaho.  15. MAIDEN NAME Wanda Peterson  16. BIRTHPLACE (City or Town, County and State, or Country)  Logan, Utah.  17. SIGNATURE OF A CAMPANT OF REMOVAL  Place Pocatello, Idaho.  18. BURIAL, CREMATION OR REMOVAL  Place Pocatello, Idaho.  19. UNDERTAKER MORTUARY by C. T. Tall  19. UNDERTAKER MORTUARY by C. T. Tall  19. UNDERTAKER OF Country by C. T. TALL  19. UNDERTAKER OF	James W. Wilson	Where was disease first diagnosed?	
Pocatello, Idaho.    15. MAIDEN NAME   Wanda   Peterson	14. BIRTHPLACE (City or Town, County and State, or Country)		
What test confirmed diagnosis?  15. MAIDEN NAME Wanda Peterson  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF LOGAN, Utah.  17. SIGNATURE OF LOGAN, County and State, or Country)  (Address) Pocatello, Idaho.  18. BURIAL, CREMATION OR REMOVAL  Place Pocatello, Idaho.  19. UNDERTAKER Hall Mortuary by C. T. Hall  19. UNDERTAKER Pocatello, Idaho.  20. FILED AND BURIAL OR REMOVAL PERMIT SSUED  What test confirmed diagnosis?  Was there an autopsy? Was there an inquest?  Was there an autopsy? In any was there an inquest?  Was there an autopsy? Was th			
16. BIRTHPLACE (City or Town, County and State, or Country)  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF LOGAN, Utah.  18. BURIAL, CREMATION OR REMOVAL  Place Pocatello, Idaho.  19. UNDERTAKER DOCATELLO, Idaho.  19. UNDERTAKER POCATELLO, Idaho.  19. UNDERTAKER POCATELLO, Idaho.  19. UNDERTAKER OF LOGAN PERMIT SSUED  19. UNDERTAKER POCATELLO, Idaho.  19. UNDERTAKER POCATELLO, ID		•	
17. SIGNATURE OF A MAN 20. 10 Check   Accident—Suicide—Homicide? Date of injury	15. MAIDEN NAME HULL TOURS and State, or Country)	Was there an autopsy?W	as there an inquest?
17. SIGNATURE OF AMES W. A. M. Check Accident—Suicide—Homicide? Date of injury	Logan, Utah.		
(Address) / Pocatello, Idaho.  18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho.  19. UNDERTAKER   Hall Mortuary by   Ha	17. SIGNATURE OF James W. Wilson	(Check) Accident—Suicide—Homicide	e? Date of injury
Place Pocatello, Idaho.  DateSept. 1549.39  Manner of injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER  Pocatello. Idaho.  20. FILED AND BURIAL OR REMOVAL PERMIT SSUED  (SIGNED)  Manner of injury  Nature of injury  Nature of injury  Nature of injury  14. Was disease or injury in any way related to occupation of deceased?  (SIGNED)	(Address) / Pocatello, Idaho.	(Specify city	or town, county and state)
19. UNDERTAKER I MOTTUARY by C. 74. Was disease or injury in any way related to occupation of deceased?  20. FILED AND BURIAL OR REMOVAL PERMIT SSUED  (SIGNED)	10 PUBLAL CREMATION OR REMOVAL		
19. UNDERTAKER I MOTULATY DY  (Address) Pocatello. Idaho.  20. FILED AND BURIAL OR REMOVAL PERMIT SSUED  (SIGNED) M. D.	Place Pocatello, Idaho, Date Sept. 1549.39		
(Address) FOCATOLIO IGENO deceased? If so specify deceased? If so specify deceased? If so specify deceased? If so specify deceased?	INDERTAKER I Mortuary by C. H. Hall	24 Was disease or injury in any	way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT SSUED  (SIGNED)			
(SIGNED) M.D.			
Sept. 15. 1939. by Registrar (Address) Pocatello, Idaho.		(SIGNED)	Jao M.D.
	oSept. 15, 1939. by Registrar	Phostello	, Idaho.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
- 9. The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

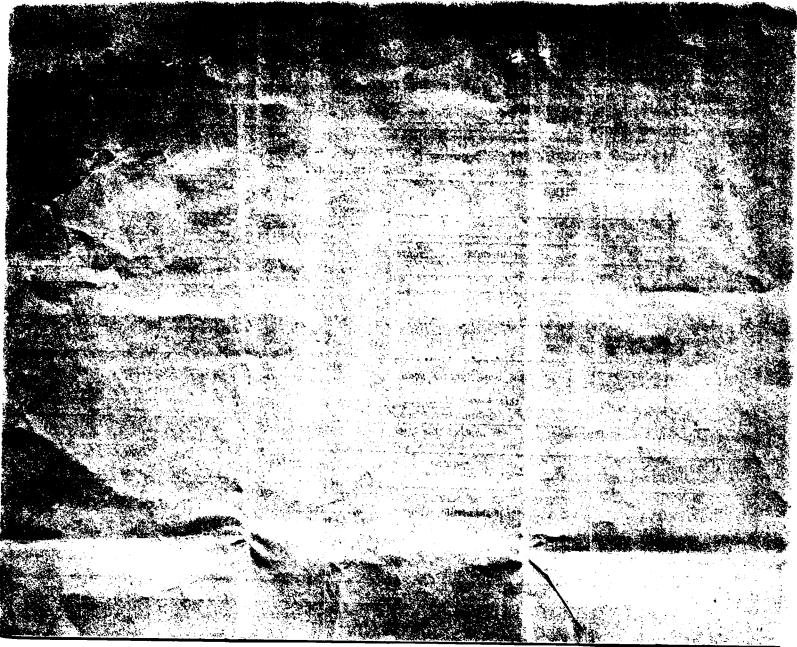
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE: 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Galistones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
***************************************			

City of	mnock	II ro	100		DIDMI
	catello	061	OER	STATE OF IDAE MENT OF FUBLIC EAU OF VITAL ST. TIFICATE OF	DIRTH
No	outh Johnson	St. Peristration	n District No. 🗀	28	tate File No. 285333
	lo General Lospite			2161	ocal Registrar's No. 527
(If born in ho	spital or institution give			No	John Isogmund B 210
A RESTRICT NAT	ME OF CHILD		<u> Parley</u>		
Z. FUMI IVAL					8. Date of birth Sept. 25 198 S
3. Sex	If plural \( \)4. Twin, triple	et, or other6.	Premature	7. Legiu-	- 1
		order of birth	Full term. 7 m	mate? 108	(Month, Day, Year)
Femal e	FATHER		fis. Full	MO	THER
9. Full name	FAIRER		maiden		m bus e :
~	ecil Otto harles	142 1-00	name	<u>Jessie Pes</u>	rl White
10. Residence	(usual place of abode) sident, give place and St	242 Jefferson	19. Residence	(usual place of aboresident, give place	and State) Same
(If non-re	sident, give place and Sc	0.7	(II non-	resident, give place	Are at last hirthday 21 (VAR)
11. Color or r	ace   12. Age at	last birthday 40 (yes	ars) 20. Color or	race!l   21.	Age at last birthday 21 (year
18 Birthplace	(city or place) LicCan	mon, Icelio	22. Birthplac	e (city or place) or Country)	Smithville, Utah
(State	r Country)				ioulan Irind
14. Trade.	profession, or particular	 Laborer	23. Trade,	profession, or part rk done, as housek	eeper, Housewife
	work done, as spinner, bookkeeper, etc.	in Shops	O  typist.	nurse, clerk, etc	
NO sawyer, 15. Industry	bookkeeper, etc.		24. Indust	ry or business in	which
15. Industry	or business in which was done, as silk mill,	*1 W 7 7	work work	was done, as own ho	ome, 'Own Home
a sawmill	vas done, as silk mill, bank, etc	T. F. 3. 2	lawyer	(month and year)	
OTTA DALA CO		Total time (years) spe	ent   24. Indust work lawyer last end end last end last end last end last end	gaged in this work	26. Total time (years) spent
	aged in this work		•	esent , 19.39	in this work 2 years
At Pres	ent , 19 39	in this work		on Cilrol 201	
27. What proj	phylactic was used to p	revent Ophthalmia Ne	onatorum:	- 471 - 4714)	
28. Number of	children of this mother	(At time of this b	irth and including	z this child)	now dead None (c) Stillborn One
	∩ne	(a) Born alive and	now living. Living	(D) Born anve bae .	Before labor
29. If stillborn		∫ months	30. Cause of	Stillbirth	between the like
period of	gestation	or weeks	accept	slic mous	leter have great and
	OBDE	FICATE OF ATTEND			
	CERTI	high of this child. Who	was Stillbe	orn at l	:51 P. on the date above state
			(Born Alive	or Stillborn)	
When the	re was no attending ph	ysician \	(Signed)		Cr. Catt. N
or midwife, t	hen the father, household	er, etc., }			, Midv
should make		were and	or	realelle	Idole A
Give name ad	al report		Address	Lacero	1000
a supplement	(D	ate of)	Filed //	1980	DC. Kay
B .					Registrar.



record	
a permanent record	arefully
nk—This is a	is on back c
Unfading Ink—I	Explanations
Write Plainly with	Read 1
Write	

1. PLACE OF DEATH CERTIFICA	VISION OF PUBLIC HEALTH TE OF DEATH Registered No. 11611
County of Bannock Registration I City of Pocatello Primary Reg. Ceneral Hospital Local Registr (Home, Hospitalor Institution)	Dist. No  Dist. No  Dist. No  July 1 death occurred in hospital or institution give its name instead of arrs No  July 1 death occurred in hospital or institution give its name instead of atreet and number.
Length of residence in County where death occurred Yrs. Mos. Days	How long in U. S. if of foreign Yrs. Mos. Days birth?
2. FULL NAME Infant Marley No. Jefferson	Pocatello, Idaho
(a) Residence:	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS  3. MALE   4. White, Black,   5. Single, Married, Widowed.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month, day and year) September 25, 1939
FEMALE Yellow, Red or Divorced (write the word)  Female White Single  5a. If married, widowed, or divorced Husband of (or) Wife of Infant Baby	22. I HEREBY CERTIFY, That I attended deceased from
6. Date of Birth (Month, day and year) September 25, 1939  7. AGE   Years   Months   Days   If less than 1 day   O   O   hrs.   min.   O     8. Trade, profession, or particular kind of work done   None   None     9. Industry or business in which work was done	I last saw h alive on 19 Death is said to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:    Compared to the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:   Compared to the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:   Compared to the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:   Compared to the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:   Compared to the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:   Compared to the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:   Compared to the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:   Compared to the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:   Compared to the date of the date
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Pocatello, Idaho	Contributory causes of importance not related to principal causes
13. NAME Cecil Marley 14. BIRTHPLACE (City or Town, County and State, or Country) McCammon, Idaho	Where was disease first diagnosed?  Name of operation date of  Condition for which performed
15. MAIDEN NAME Pearl White 16. BIRTHPLACE (City or Town, County and State, or Country) Smithfield, Utah	What test confirmed diagnosis?  Was there an autopsy?
17. SIGNATURE OF Many Carley (Address) Pocatello, Idaho  18. BURIAL, CREMATION OR REMOVAL  Place McCammon, Idaho Date 9/25/39 19	(Check) Accident—Suicide—Homicide? Date of injury
19. UNDERTAKER Arthur W. Hall McGusty factor (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED ON J. 25 193 J by Registrar	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (SIGNED)  (Address)  M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

DISTABLED TO T

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.

  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

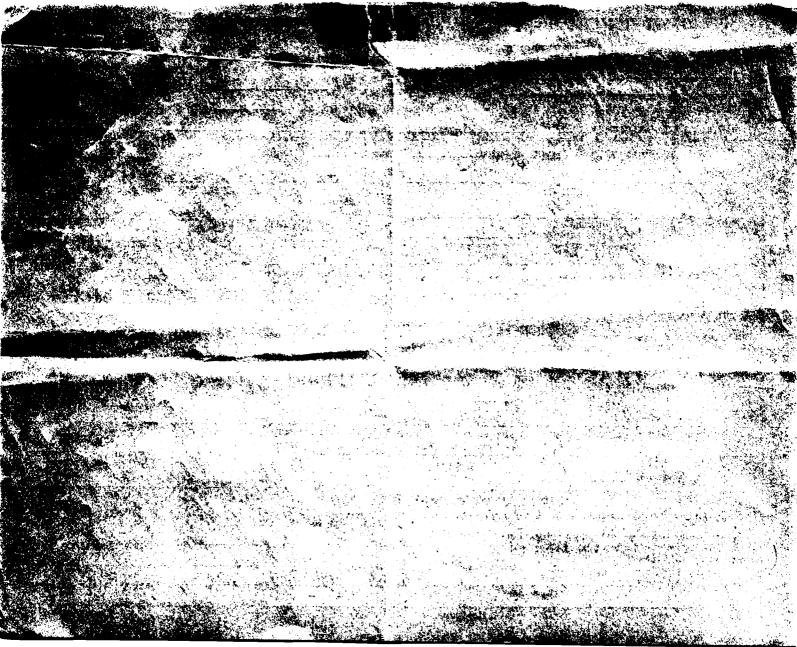
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greecry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
	······		
		-	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of ... of more HUREAU OF VITAL STATISTICS -City of SERegistration District. No. ..... CERTIFICATE OF BIRTH No.: \_State File No. Prim, Registration District No. ... Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of 6. Premature. 7. Legiti-If plural 4. Twin, triplet, or other....... birth.... births Full term Mes 5. Number, in order of birth..... mate? . (Month, Day, Year) 9. Full 118. Full FATHER madden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State). (If non-resident, give place and State)... 20. Color or race 221. Age at last birthday. 2 22. Birthplace (city or place)..... 13. Birthplace (city or place)...... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ...... 24. Industry or business in which work was done, as own home, lawyers office, silk mill etc. 15. Industry or business in which work was done, as silk mill. lawyers effice, silk mill\_etc. sawmill, bank, etc. 17. Total time (years) spent 26. Total time (years) spent last engaged in this work IG INK-must be in this work..... WITH UNIFADING Separate Return mi 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead...... (c) Stillborn ...... · //Before labor..... 29. If stillborn. months 39. Causa of Stillbineh period of gestation Hw My Suring labor or weeks ma CERTIFICATE OF ATTENDING PHYSION OF MILWIFE nat ... m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Still Jorn) When there was no attending physician (Signed) or midwife, then the father, householder, etc., should make this return. or Physician Give name added from Address Montpelier, Idaho a supplemental report..... (Date of) 7-10-39Filed ..... Registrar. Rogistrar.



	.	STATE OF I	
S - 0		DEPARTMENT OF PUBL	
10	l	PLACE OF DEATH	DEATH State File No. 116112
SICIA t of (	C	county Registration District No	52
H	Ci	to of the Mulls Chimary Registration Distri	No. 2136 Local Registrar's No.
7. \$3 H. B.		(No	give its name instead instead of street and number.)
CTLY et ste	2.	FILL NAME / SALE MANAGE	, ,
EXAC: Exact		(a) Residence. No. / (Not Named)	St. Stake.
킀둮	هدا	(Usual place of abode) ngth of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
tated fed.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SST SST	3	SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH
73	_	W Divorder (write the word)	
30	-54	if married, widowed, or dispreed	(Month) (Day) (Year)
34.		WIFE of Shill From Lines	17 I HEREBY CERTIFY, That I attended deceased from
3			
Troit.	7	Years Month A like and J. L. F. S. then	that I last saw h alive on
cer cer		Month 1 If LESS than 1 day, hrs. or min.	and that death occurred, on the date stated above, atm.  The CAUSE OF DEATH* was as follows:
	8	OCCUPATION OF DECEASED	Ptilles Intant
ack at		(a) Trade, profession, or particular kind of work	5 and to the
340		(b) General nature of industry.	Mrs to and histories
8 OH I		business, or establishment in which employed (or employer)	(duration) yr. mos ds.
houl <b>k land</b> plain terms; instructions		(c) Name of employer	CONTRIBUTORY (Secondary)
3 5 5	9	BIRTHPLACE (city or town)	(duration) yrs mos ds.
shoul plain instr		(State or country)	IS Where was disease contracted If not at place of death?
on sh in p		10 NAME OF FATHER	Did an operation precede death? Date of
	(A	11 BIRTHRI ACE OF FATHER (11)	Was there an autopsy?
ıformati DEATH rtant.	Ž	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed diagnatic?
DE DE	\RE	TO MAINTEN NAME OF MOTION	(Signed) , M. D.
of informs OF DEAT important.	ā	12 MAIDEN NAME OF MOTHER WILL AND	Total Control of the
SE		13 BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY.
CAUSE very	_	(State or country)	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
₽ A	14	Informant III Talyand	19 Place of Burial, Cremation, or Removal   Date of Burial
8.—Ever ild state ATION i		(Address)	Nounan, Idaho 7-2-39 19
A Fig	15	July 2 1939	20. Undertaker  To M. Williams  Montreliam
M. H		Filed 64.4 A Recigirar	F.M.Williams Montpelier

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH-Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

certificate should further state, if known, the cause of the still birth and the period of utero gestation in months.

term for the same disease. Examples: Cerebro-spin (the only definite synonym is "Epidemic cerebrospines manin gitis"); Diphtherla (avoid use of "Croup"); Typhold There (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma-'Convulsions," "Debility," ("Congenital," "Senile." "Dropsy," "Exhaustion," "Heart Failure," "Hemen "Inanition," "Marasmus," "Old age," "Shock. "Weakness," etc., when a definite disease can be ascorted d as the cause. Always qualify as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS -Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

. . .

**...** •

1. FLACE OF DEATH	STATE OF IDAHO — DI CERTIFICA	VISION OF PUBLIC HEALTH TE OF DEATH Dist. No. 85	Registered N116113
County of Jonner	Registration	Dist. No. 85	If death occurred in
City of Priest Ru			hospital or institution give its name instead of
	Toral Registr	Dist. No. 21 . 5.9 Par's No. 16-39	street and number.
(Home, Hospital or Instit	ution		<u> </u>
Length of residence in County where death occurred	Yrs. Mos. Days	How long in U. 8. If of foreign birth?	Yrs. Mos. Days
2. FULL NAME Stillbar	n child - al	ice Kummet Ca	mpbell.
(a) Residence:		(If non-resident give city of	or county and state)
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
FEMALE Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year)	pt. 29-1939
5a. If married, widowed, or divorced	1	22. I HEREBY CERTIFY, That I	
Husband of (or) Wife of		I last saw halive on	191919
. Date of Birth			
(Month, day and year)		to have occurred on the date stated. The principal cause of death and	related Date of Onset
Years   Months   Da	ys If less than 1 day	causes of importance in order of one	set were   Yr.   Mo.   Day
. AGE	hrs min	ellampsia in I	7.
8. Trade, profession, or particula	ar kind of work done	recrumissa in	~
		mother	
9. Industry or business in which	work was done		
l <b>i</b>			
10. Date deceased last worked at this occupation (month	11. Total time (yrs.) spent in this occupation		
and year)		Contributory causes of importance related to principal causes	not .
2. BIRTHPLACE (City or Town, C	County and State, or Country)	Placenta praevia tota	tis
Da Nagak	In Campbell	in the mother	Sept 25 - 1939
13. NAME KAY JOSE 14. BIRTHPLACE (City or Town,	County and State or Country)	Where was disease first diagnosed?	29 3
14. BIRTHPLACE (City or Town,		Name of operation	date of
Courcil Blu	ffs, Sowa	Condition for which performed	
15. MAIDEN NAME alice	M. Kummet	What test confirmed diagnosis?	
16. BIRTHPLACE (City or Town,	00/	Was there an autopsy? No. W	as there an inquest? No
· Kuc Lake	Mrsc.	23. If death was due to external ca	uses, fill in also the following
7. SIGNATURE OF Seale	) Starfer, M.D.	(Check) Accident—Suicide—Homicid	· ·
(Address) freest R	ver, Idaho		occur? or town, county and state)
8. BURIAL, GREMATION OF REM	OVAL- ( A = 2/) 10	Check whether injury occurred in in	
Place Prest River, I	Date 1937	Manner of injury	····
9. UNDERTAKER Moon	Mortnary	Nature of injury	way related to occupation o
(Address) Prest	River Ida	deceased? If so, specify	
0. FILED AND BURIAL OR REMO	OVAL PERMIT ISSUED	P 1.	0 Stanto
on 9-30 1984 by D	Dohum	(SIGNED) — destie	Stauffer M. D
OD / DY	Registrar	(Address)	7

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

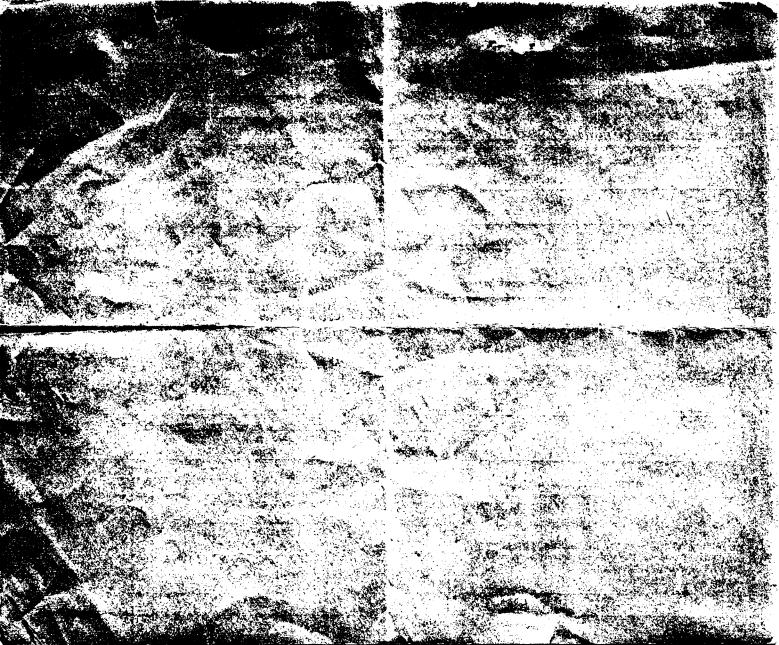
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			***************************************

STATE OF STATE OF IDAGO PLACE OF BIRTH RECEIVED DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH Registration District No. -State File No. .... Presistration District No. 2/50 Local Registrar's No. 7/ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 유표 8. Date of birth.... births 5. Number, in order of birth 7 Full term mate? -- ALLA (Month, Day, Year) 9. Fuil FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State)..... 11. Color or race U. | 12. Age at last birthday 31 (years) 13. Birthplace (city or place) 22. Birthplace (city or place)... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_ typist nurse clerk, etc. 15. Industry or business in which 24. Industry or business in which social M work was done, as silk/mill. work was done, as own home. sawmill, bank, etc. While lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work in this work... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child?) 28. Number of children of this mother 29. If stillborn, months During labor..... 30. Cause of Stillbirth ... period of gestation / mus. or weeks Before labor MLS CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed) ..... should make this return. Midwife or ..... Give name added from Address chile a supplemental report..... (Date of) Filed C Registrar.



1. PLACE OF DEATH CERTIFICA	TE OF DEATH Registered No
County of August Registration City of August August August Registration	. Dist. No hospital or institution give its name instead of
	rar's No. street and number.
Length of residence in County Yrs. Mos. Days where death occurred	How long in U. 2 of W foreign Yrs. Mos. Days birth?
2 FULL NAME Baby Belson	
(a) Residence:	(If non-resident give city or county and state)
	MÉDICAL CERTIFICATE QF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. MALE	
FEMALE Yellow, Red or Divorced (write the word)	(month, day and year)  22. I HEREBY CERTIFY. That attended deceased from
5a. If married, widowed, or divorced	July 25 1939 to Sup 25 1939
Husband of (or) Wife of	I last say him site on
6. Date of Birth (Month, day and year) a 15 /434	to have occurred on the date stated above, at
Years   Months   Days   If less than 1 day	The principal cause of death and related causes of importance in order of onset were
7. AGE Stalkerth hrs. min.	" as thisia reorting
8. Trade, profession, or particular kind of work done	from abrught syn 25
9. Industry or business in which work was done	
9. Industry or business in/which work was done 10. Date deceased last worked at this occupation (month this occupation)	Printing 1/2 mo
and year)	Contributory causes of importance not
12. BIRTHPLACE (City or Town County and State, or Country)	
There Isla I halo	Quespie 1
13. NAME Idermon Belson	Where was disease irst diagnosed?
14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation 25 39
" Chieago, Il	Condition for which performed
15. MAIDEN NAME Establice demi	What test confirmed diagnosis?
16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy?
may, m.	23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury
17. SIGNATURE OF INFORMANT	19 Where did injury occur?
(Address) WWW. CREWOVAL.	(Specify city or town, county and state)  Check whether injury occurred in industry home public place
18. BURLAL CREMATION OF REMOVAL Place Sucho Falls Date Suft 271929	Manner of injury
lak a Ward	Nature of injury
19. UNDERTAKER (Address)	24. Was disease of injury in any way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased?
Break '	(SIGNED) M. D.
on (Date) by Registrar	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salestian and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

order of birth state	No. Mency Hospital Registration I	STATE OF IDAHO  930 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH  District No. 7 3 43 State File No. 285337  Alon District No. 264 Local Registrar's No. 379
number of each, in	9. Full name Saniel Richard Sheek  10. Residence (usual place of abode) Banks (If non-resident, give place and State)	18. Full MOTHER  maiden mame Wasel Manu Yard  19. Residence (usual place of abode)  (If non-resident, give place and State)
for each, and the	13. Birthplace (city or place) (State or Country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill.	20. Color or race
rn must be made	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent  in this work  27. What prophylactic was used to prevent Ophthalmia Neonat	lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  19
Separate Return	29. If stillborn, period of gestation	30. Cause of Stillbirth During labor.  Before labor.  PHYSICIAN OR MIDWIFE
ne child at birth a	should make this return.  Give name added from a supplemental report	(Born Alive or Stillborn)  igned)  and at m. on the date above stated.  (Born Alive or Stillborn)  igned)  And
> ö i	Registrar.	V Registrar.

. The state of the s 

PLACE OF DEATH 362 STATE OF I	DAHO
DEPARTMENT OF PU	BLIC WELFARE DO NOT WRITE IN THIS SPACE
	STATISTICS 116115
City of CERTIFICATE C	
1930 Registration District No	7 343
OC) 9 Primary Registration Distr	ict No. 2006 Local Registrar's No. 12
(No	( ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
(If death occurred in a hospital or institution	, give its name instead of street and number)
2 FULL NAME to saald, Youer	I huch.
(a) Residence No. Sauks.	5 Salio, st
(Usual place of abode)	(If nonresident give city or town and state)
Length of residence in city or town where death occurred	
PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
3. SEX 4. Color or Hace 5. Single, Margied, Wid	21. DATE OF DEATH (month, day and year) $9$ -2-19
Male Will the word) surge	22 I HEREBY CERTIFY, That I attended deceased fr
5a if married, widowed, or divorced	
HUSBAND of (or) WIFE of	I last saw h alive on 193: death is s
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
7 ACE Veers (Months) Days If LESS that	
$\int \int $	portance were as follows:
8. Trade, profession, or particular	The natal occusion
	of cond are to
kind of work done, as spinner, sawyer, bookkeeper, etc	twisting
work was done, as silk mill,	
work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importance:
ed at this occupation   spent in this	
70 17 17 17 17 17 17 17 17 17 17 17 17 17	
12. BIRTHPLACE (city or town)	<u> </u>
	Name of operation
13. NAME Carrier 1. Church	autopsy?
14. BIRTHPLACE (city or town) Tel Guylly	23. If death was due to exter'l causes (violence) fill in
(State or country)	the following:
15. MAIDEN NAME HOS ON M. CLASS,	Accident, suicide, or homicide? Date of injury
	Where did injury occur?
16. BIRTHPLACE (city of town)	(Specify city or town, county, and state)
	Specify whether injury occurred in industry, in home
17. INFORMANT D. R. Shuck (Address) Banks & Gape	in public place
18. BURIAL CREMATION OR REMOVAL ACAUCULE	Manner of injury
Place Jampa dd Date Stat 5 , 193.9	
19. UNDERTAKER Leith Cally	24 Was disease or injury in any way related to occups
(Address) Naula and	of deceased?
20. FILED Oct 2, 1989 Syda Rudgers	(Signed) and M.
Registrar.	(Address

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

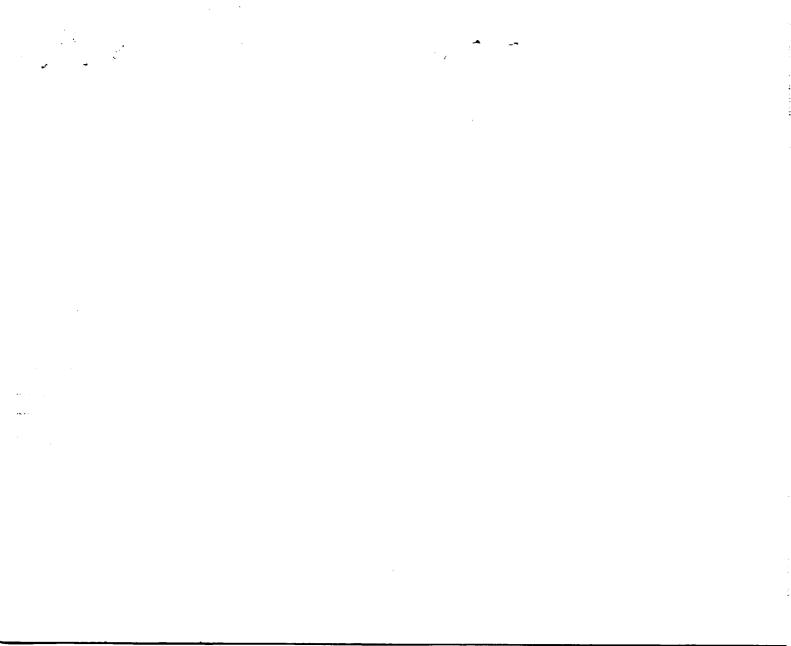
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis	Date of onset	EXAMPLE II  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of..... BUREAU OF VITAL STATISTICS C285338 City of..... CERTIFICATE OF BIRTH No. .... Ħ State File No. ..... LE Local Registrar's No. 373 (If born in hospital or institution give name.) Rrim Registration District No. FULL NAME OF CHILD 8. Date of If plural \( \)4. Twin, triplet, or other..... 6. Premature 7. Legiti-8. Sex birth. births Full term Alla 5. Number, in order of birth. mate? (Month, Day, Year) PERMANENT RECORD FATHER MOTHER 18. Full 9. Full maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Ite !- Hamila (If non-resident, give place and State) Rte / - Hamil 11. Color or race white 12. Age at last birthday 24 (years) 20. Color or race white | 21. Age at last birthday (years) 13. Birthplace (city or place) Fauvull (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own lawyer's office, silk mill 25. Date (month and year) last engaged in this wor work was done, as own home, lawyer's office, silk mill, etc. sawmill bank etc. 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work LNK ( resent 1934 8 mess must in this work 6 UNA Tresent in this work... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return (At time of this birth and including this child) 28. Number of children of this mother During labor 4-eamonths WITH UN Separate 29. If stillborn. 30. Cause of Stillbirth ..... or weeks Before labor..... unde termines CERTIFICATE OF ATTENDING PHYSICIAN/OR/MIDWIFE 3 am. on the date above stated. I hereby certify that I attended the birth of this child, who was stuly bound ಥ (Born Alive or Stillborn) birth When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Namba Sd WRITE Pone child Give name added from Address . a supplemental report..... (Date of) one Registrar.



STATE OF IDAHO — DI	IVISION OF PUBLIC HEALTH
1. PLACE OF DEATH CED TILTO A	TE OF DEATH - Registered NO.
	21777 1
County of AM County of Primary Reg  City of County of Primary Reg  (Home, Hopping) or Institution  Days	Dist. No. 79 give its name instead of street and number.
(Home Heading or Institution) Local Regist	rar's No.
Length of residence in County Yrs. Mos. Days where death occurred	How found in O. 4. 11 of the order
2. FULL NAME Infant daughter of	Mr. & Mrs. Sonald Crawford
(a) Residence:	(If non-resident give city or county and state)
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. MALE   4. White, Black,   5. Single, Married, Widowed, the word)	DAME OF DEATH
3. MALE 4. White, Black, Yellow, Red 5. Single, Married, Widowed, on Divorced, write the word)	(month, day and year)  22. I HEREBY CERTIFY, They I attended deceased from
Ca. if married, widowed, or divorced	9/28 1939 to 9/28 1939
Husband of (or) Wife of	9/25 1939, to 9/28 1939 Death is said
6. Date of Birth	
(Month, day and year)  Years   Months // Days   If less than 1 day	The principal cause of death and related   Date of Onset   Causes of importance in order of onset were   Vr   MO   Day
7. AGE hrs min	as follows:
8. Trade, profession, or particular kind of work done	
9. Industry or business in which work was done	The state of the s
5	
10. Date deceased last worked at this occupation (month)	Δ
and year)	Contributory causes of importance not related to principal causes
12. BIRTHFLACE (City or Town, County and State, or Country	'l
Mamba Jake	
13. NAME/ Monald ganfore	Where was disease first diagnosed?
14. BIRTHPLACE (City or Town, County and State, or Country	Name of operation date of
TOWNER City Trebt.	Condition for which performed
15. MAIDEN NAME ( South Saury Ex	What test confirmed diagnosis?
16. BIRTHPLACE (City or Town, County and States or Country	
E (encaded, Teppi	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF Alonala Computare	(Check) Accident—Suicide Homicide? Date of injury
(Address) // Amba, Brule 4)	
18. BURIAL CREMATION OF REMOVAL	Check whether injury occurred in industry home public place
Place Date // Date // 1977	Manner of injury
19. UNDERTAKER TESTA AND	24. Was disease or injury in any way related to occupation of
(Address)	deceased?If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	1119
(Oak-11 a Duda Tomalain	(SIGNED) M. D.
on Date by Registrar	(Address) Yauffa da
(Date)	(/

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 19.—The month and year the deceased last worked at the occupation.
- 11.--The number of years the deceased followed the occupation.

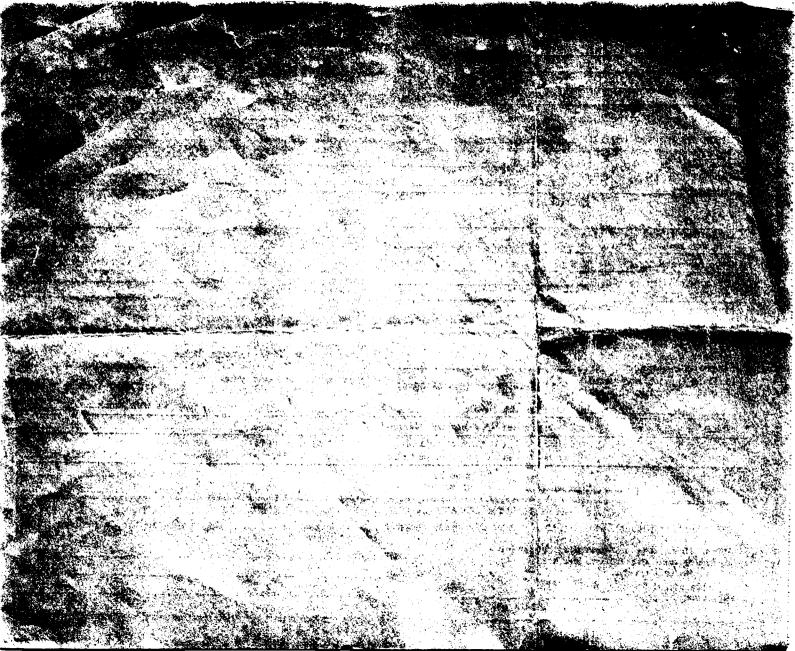
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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		4 44	

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of .... CERTIFICATE OF BIRTH No. State File No. .. Registration District No. Prim. Registration District Me Local Registrar's No. (If born in hospital or institution give\_name.) 2. FULL NAME OF CHILD..... 8. Date of 7. Legiti-birth. mate? births. Full term... 5. Number, in order of birth..... onth Day, Year) MOTHER 9. Full 18. Full FATHER maiden name name (If non-resident, give place and State) 907 Bis Art 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) 20. Color or race..... 12. Age at last birthday....(years) the 11. Color or race... 22. Birthplace (city or place) 13. Birthplace (city or place) .... and (State or Country) (State or Country) 23. Trade, profession, or particular kind each, 14. Trade, profession, or particular of work done, as housekeeper kind of work done, as spinner sawyer, bookkeeper, etc. typist, nurse, clerk, etc. for 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, made lawver's office, silk mill, etc. .... sawmill, bank, etc. ...... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work ğ in this work in this work.....Z must 27. When prophylactic was used to prevent Ophthalman Neonatorum? UNFADING te Return m (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living .... (b) Born alive but now dead. .... (c) Stillborn... Before labor..... months 29. If stillborn. 20. Pause of stillbirth. period of gestation. or weeks During labor..... WITH Separa CERTIFICATE OF ATTENDING PHYSICAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ..... ate 6 Pm. on the date above stated. (Born Alive or Stillborn) cilleran M. D. When there was no attending physician or midwife, then the father, hoseholder, etc., Michwife should make this return. ...... Midwife Give name added from Parme WRITE one child a supplemental report (Date of) Registra Registrar.



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nent 1	3. M. FF 5a. I I () 6. Ds () 7. A
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a p	6. Da
is is ck c	7. A
Write Plainly vith Unfading Ink—This is a permanent record Read Explanations on back carefully	12. 1
Infadi Xplan	12. ]
y vrith l Read E	Wother 17. 18. 17. 18. 17. 18. 17. 18. 17. 18. 17. 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
e Plain	17. 1 18. 1
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	18.

1. PLACE OF DEATH STATE OF IDAHO — DIV	VISION OF PUBLIC HEALTH TE OF DEATH	Registered No
County of Charge Registration I City of Charge Registration I City of Charge Registration I County O C	Dist. No.360	if death occurred in hospital or institution give its name instead of street and number.
(Home, Hospital of Institution)  Length of residence in County Yrs. Mos. Days where death occurred	How long in U. 8, if pri foreign	Yrs. Mos. Days
(a) Residence: Caldwell Jakhy	(If non-resident give city o	
PERSONAL AND STATISTICAL PARTICULARS  MALE FEMALE  4. White, Black, Yellow, Red or Divorced (write the word)	MEDICAL CERTIFICATION (MONTH, day and year)  22. I HEREBY CERTIFY, That I a	est 30- 939- trended deceased from
a. If married, widowed, or divorced Husband of (or) Wife of Date of Birth (Month, day and year)	I last saw h alive on to have occurred on the date stated	19 Death is said above, at 51/5 0-m.
7. AGE Years Months Days If less than 1 day hrs. min	The principal cause of death and causes of importance in order of one as follows:	
9. Industry or business in which work was done  10. Data deceased last worked   11. Total time (yrs.) spent in	Jacliney me La	
at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)	Contributory causes of importance related to principal causes	not E
13. NAME Elmu Junal.  14. BIRTHPLACE (City or Town, County and State, or Country)	Where was disease first diagnosed? Name of operation	
Calgarill Salls	Condition for which performed	
16. BIRTHPLACE (City or Town, County and State, or County)	Was there an autopsy? V  23. If death was due to external or	uses, fill in also the following:
17. SIGNATURE OF SMAN HOMAL.  (Address)  18. BURIAL, CREMATION OR REMOVAL.	(Check) Accident—Suicide—Homicide—————————, 19 Where did injury (Specify cit) Check whether injury occurred in its	occur?
9. UNDERTAKER CALAWELL SALA	Manner of injury  Nature of injury  24. Was disease or injury in any deceased?  If so, specify	way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	(SIGNED) TO MAN	fral regist
on 3-7 1937 by Minary Registrar	(Address)	and Ma

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	·			



1. PLACE OF DEATH

is a permanent record

This

Write Plainly with Unfading Ink-

Registration Primary Reg.	VISION OF PUBLIC HEALTH TE OF DEATH Dist. No	if death occurred in hospital or institution give its name instead of street and number.
Mos. Days	How long in U. S. If of foreign birth?	Yrs. Mos. Days
th I la	ton)	
- Lilia Land	(75 man realdont along along	Cotota Para returna
·	(If non-resident give city	
ARTICULARS de, Married, Widowed, orced (write the word)	MEDICAL CERTIFIC  21. DATE OF DEATH (month, day and year)	7-2-39
	22. I HEREBY CERTIFY, That I	100
	I last saw hamalive on	
If less than 1 day	to have occurred on the date stated. The principal cause of death and causes of importance in order of or as follows:	l above, atm  l related   Date of Onset     Yr.   Mo.   Day
f work done	Talloon	1939 9 2
vas done		
l time (yrs.) spent in occupation		
nd State, or Country)	Contributory causes of importance related to principal causes	Jacona
on	Where was disease first diagnosed?	hove
and State, or Country)	Name of operation	0
cnell	What test confirmed diagnosis?	
and State, or Country)	Was there an autopsy?V	Vas there an inquest? No
***	23. If death was due to external compact (Check) Accident—Suicide—Homicis———————————————————————————————————	de? Date of injury
ato 9/5 1909	Check whether injury occurred in it	•
1	Nature of injury	way related to occupation o
MAINT ISSUED	deceased? If so, specify	I Milson

(Address)

Registrar

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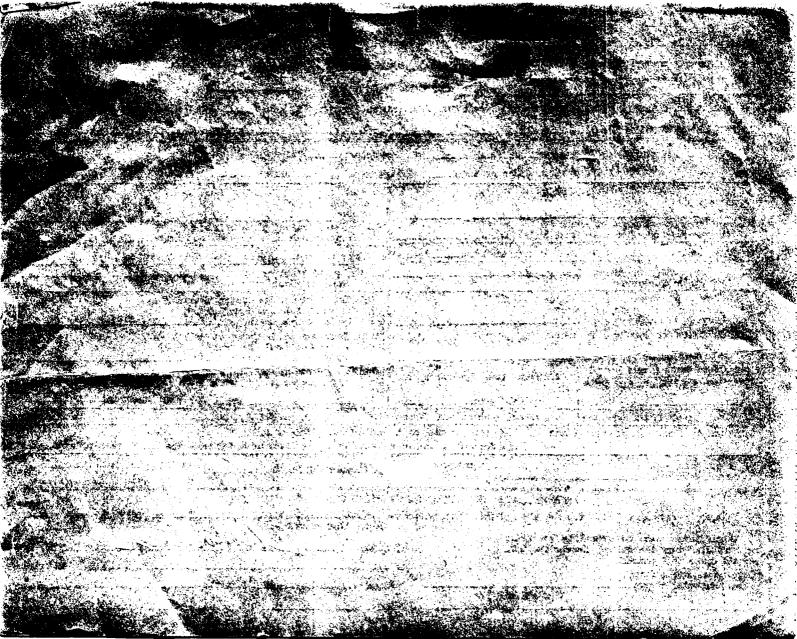
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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
		•	******
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i. PLACE OF BIRTH	1 1939 STATE OF IDAHO  1 BUREAU OF VITAL STATISTICS  STATE OF IDAHO  STATE OF
City of Registration St. Registration	on District No. State File No.
(If born in hospital or institution give name.) Prim. Rep	
3. Sex 3. If plural 4. Twin, triplet, or other	Full term mate? birth 193 (Month, Day, Year)
9. Full rame  10. Residence (usual place of abode)  (If now resident, give place and State)	18. Full MOTHER maiden name (usual place of abode)
11. Color or race   12. Age at last birthday. 22 ty	20. Color or race   21. Age at last birthday (years)
3. Birthplace (city or place) (State or Country)	22. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
in this work	in this work
28. Number of children of this mother (At time of this b	orth and including this child now living
29. If stillborn, period of gestation	30. Cause of Stillbirth Duping labor Before known
I hereby certify that I attended the birth of this child, who	was
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.	(Signed) CllMollue, M. D. or Midwife
Give name added from a supplemental report (Date of)	Address Rugest, Str. Filed 193
Registrar.	Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Manus information See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS City Ki 116120 CERTIFICATE OF DEATH State File No. Registration District No.... Primary Registration District No. 2013 Local Registrar's No .... ŏ of OCCUPATION is very important. (No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Swem Stell Burn B Every (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERMANENT RECORD. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single Married. Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) 3-19193 9 owed or Divorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) 19 , 193 **9** , to **5** -5a. If married, widowed, or divorced HUSBAND of I last saw h alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at 9.36Pm. 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-7. AGE Years Months Davs 1 day . Chrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, 2 sawyer, bookkeeper, etc ..... 9. Industry or business in which UNFADING INK-THIS work was done, as silk mill. saw mill. bank, etc ...... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: ed at this occupation spent in this (mo. and yr.) ..... occupation 12. BIRTHPLACE (city or town) (State or country) Name of operation..... ..... Date of... What test confirmed diagnosis? ...... Was there an 13. NAME autopsy? 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: should be carefully supplied. Accident, suicide, or homicide? \_\_\_\_\_Date of injury\_\_\_\_\_ 15. MAIDEN NAME 193..... Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place 17. INFORMANT (Address) Manner of injury.... 18. BURIAL, CREMATION OR REMOV Nature of injury Place Chann Date 3 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... (Address) 20 FILED 5 ~// Registrar.

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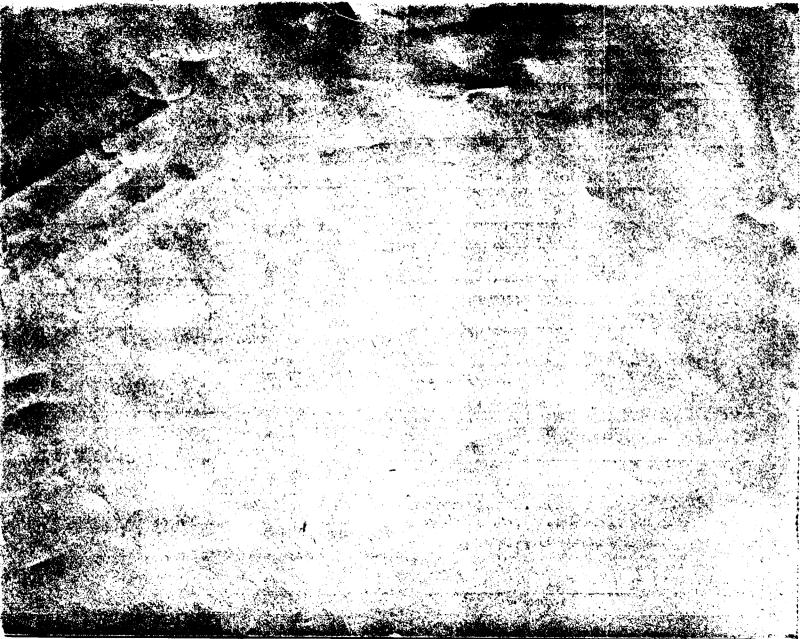
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Minist BUREAU OF VITAL STATISTICS City of..... CERTIFICATE OF BIRTH 285343 No. 4.50 State File No. Registration District No. ---Prim. Registration District No. Local Registrar's No. 12 2 (If born in hospital or institution give name.) Unnamed 2. FULL NAME OF CHILD 8. Date of birth Mar 19 Th 3. Sex birtha Full term 210 mate? 5. Number, in order of birth..... (Month, Day, Year) 9. Full MOTHER FATHER ||18. Full name maiden name 10. Residence (usual place of abode) (If non-resident, give place and State). Russisk 19. Residence (usual place of abode) (If non-resident, give place and State) 20. Color or race 21. Age at last birthday (years) 22. Birthplace (city or place) PERM (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner of work done, as housekeeper. kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. work was done, as own home, lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work 19..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. (9 months Before labor..... 30. Cause of stillbirth..... 3 period of gestation.... -or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_\_\_\_\_\_\_at 9:39m on the date above stated. (Born Alive of Stillborn) When there was no attending physician ) (Signed) or midwife, then the father, hoseholder, etc., should make this return. Midwife. Give name added from a supplemental report..... chile Address . (Date of) Filed Registrar. Registrar.



1. PLACE OF DEATH		VISION OF PUBLIC HEALTH	m 116121 Registered No.
<u> </u>		TE OF DEATH	
County of Munidian	Registration 1	Dist. No. 450	If death occurred in hospital or institution
City of Kushing.	Primary Reg.	Dist. No.	give its name instead of
Home, Hospital or Insti	tutil Local Registr	Dist. No.	street and number.
Length of residence in County where death occurred	Yrs. Mos. Days O O	How long in U. S. If of foreign birth?	Yrs. Mos. Days
2. FULL NAME Juvin	tell Borns. 1	no name for	Hovalski Baly
(a) Residence:	*	(If non-resident give city	or county and state)
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
3. MALE 4. White, Black, Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year)	3-19-39
5a. If married, widowed, or divorce	d Baby.	22. I HEREBY CERTIFY, That I	
Husband of	- <i>v</i>	19	·
(or) Wife of		I last saw h. alive on	19Death is said
6. Date of Birth (Month, day and year) 3 -	19-39	to have occurred on the date state	d above, at
	ys   If less than 1 day	The principal cause of death an causes of importance in order of o	d related Date of Onset
7. AGE 0 0	() hrs min	as follows:	Yr. Mo. Day
8. Trade, profession, or particul		C. Obert	nset were Date of Onset Yr. Mo. Day
9. Industry or business in whice	h work was done	Smit hone	
3. Industry 01	-	and the second	
10. Date deceased last worked at this occupation (month	11. Total time (yrs.) spent in this occupation	Clean 3m	mil.
and year)		Contributory causes of importance	not
12. BIRTHPLACE (City or Town,	County and State, or Country)	related to principal causes	
Olupus,	John .		
5 13. NAME Cae Ko	valske.	Where was disease first diagnosed	?
14. BIRTHPLACE (City or Town	, County and State, or Country)		date of 6
" Cambridge	O Six	1	
1	101.	Condition for which performed	•
15. MAIDEN NAME	art Himm	What test confirmed diagnosis?	_
16. BIRTHPLACE (City or Town	County and state, or Country)	Was there an autopsy?	
- Alecto,	apro,	23. If death was due to external o	n
17. SIGNATURE OF INFORMANT	ovataki	(Check) Accident—Suicide—Homic	
(Address) Wasses	× 2 dako.		ty or town, county and state)
18. BURIAL, CREMATION OR REI		Check whether injury occurred in	
Place Kangagan to	Who Date 3 - 10 1939	Manner of injury	
19. UNDERTAKER Jovan	mortum	Nature of injury	
(Address)	Idaho /	deceased? If so, specify	
20. FILED AND BURIAL OR REM	OVAL PERMIT ISSUED	(1) // /	11. 01
9	HE D	(SIGNED)	Juflyer M.D.
on S 193 by (Date)	Registrar	(Address)	wit Solely
· /			÷ •

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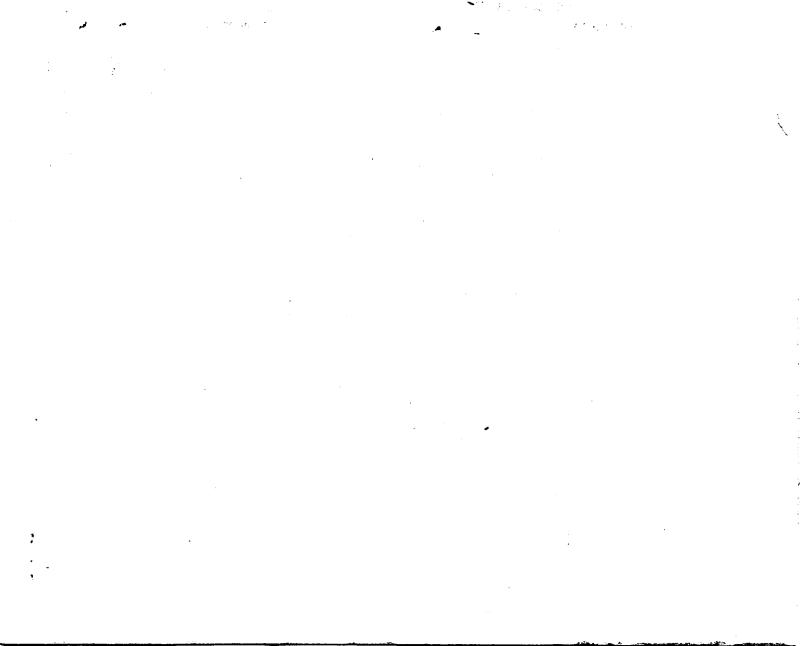
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF TOAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS 13 140% of mor City of. CERTIFICATE OF BIRTH Nes Ober Registration District No. ........ State File No. ..... Prim. Registration District No. 2685 \_\_Local Registrar's No. 480 (If born in hospital or institution give name.) Crman 2. FULL NAME OF CHILD. ם 8. Date of If plural (4, Twin, triplet, or other..... 6. Premature 7. Legitibirth... births Full term M mate? I 5. Number, in order of birth.... (Month. Day. Year) 9. Full 18. Full / MOTHERmaiden name name 10. Residence (usual place of abode) God 3657 (If non-resident, give place and State) Residence (usual place of abode) Box 345 timberly 3 (If non-resident, give place and State)...(... 11. Color or race 12. Age at last birthday (years) 13. Birthplace (city or place) & Chiwarahack 22. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind each, of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill, sawmill, bank, etc. \_\_\_\_ lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last sigaged in this work last engaged in this work Drexect reseu in this work ////). in this work... 27. What prophylactic was used to prevent Ophthalma Neonatorum? Return (At time of this birth and including this child) 28. Number of children of this mother Before labor..... 29. If stillborn. months 30. Cause of stillbirth..... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ೨೦ I hereby certify that I attended the birth of this child, who was Attlituarie D m. on the date above stated. (Barn Aliss or Stillborn) When there was no attending physician (Signed) .... or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.



REMOVAL

BEFORE

bies a

If death occurred in hospital or institution

give its name instead of street and number.

Registered No.

2085

(month, day and year)

birth?

How long in U. S. If of foreign

-	I last saw had silve on	1927	Death	is said
_	to have occurred on the date stated above, at . The principal cause of death and related causes of importance in order of onset were		o of O	Am.
=-	as follows:	Yr.	Mo.	Day J
	histor deliver by		ļ	
in	enstrumental minus			
- ')	Contributory causes of importance not related to principal causes			
-		200		a for
7)	Where was disease first diagnosed? July Name of operation July dat			. Pos
_	Condition for which performed			
	What test confirmed diagnosis? Cyanua	url	N	7/
7)	Was there an autopsy? Was there s	n inqu	est 7	No_
-	23. If death was due to external causes, fill in (Check) Accident—Suicide—Homicide? Date of			
	19 Where did injury occur?			
-	(Specify city or town,			
9	Check whether injury occurred in industry h	ome	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	piaco
7	Nature of injury			
L	24. Was disease or injury in any way relat	ed to	occupa	tion of
2	deceased? If so, specify			
		ell		<b>M</b> . D.
	(Address) Twin Falls, Edah		()	

(If non-resident give city or county and state) MEDICAL CERTIFICATE OF DEATH

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH 1. PLACE OF DEATH CERTIFICATE OF DEATH County of Twin Falls .....Registration Dist. No...... Primary Reg. Dist. No..... MasnitalLocal Registrar's No...... Days Length of residence in County where death occurred Stoltenberg Herman 2. FULL NAME .. Kimberly. Idaho (a) Residence: . PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH White, Black, 3. MALE Yellow, Red White FEMALE single 22. I HERERY/CERTIFY, That I attended deceased from male 5a. If married, widowed, or divorced Husband of (or) Wife of 6. Date of Birth 9-9-1939 (Month, day and year) If less than 1 day Days Months Years 7. AGE 8. Trade, profession, or particular kind of work done 9. Industry or business in which work was done 10. Date deceased last worked at this occupation (month Total time (yrs.) spent this occupation and year) ... 12. BIRTHPLACE (City or Town, County and State, or Country Carl Stoltenberg 14. BIRTHPLACE (City or Town, County and State, or Country Schwarzbeck. Germany 15. MAIDEN NAME Lillian McCarty Mother 16. BIRTHPLACE (City or Town, County and State, or Country <u>Zanesville</u> 17. SIGNATURE OF INFORMANT 18. BURIAL, GREMATION OR REMOVAL White Mortuary Twin Fall ISSUED

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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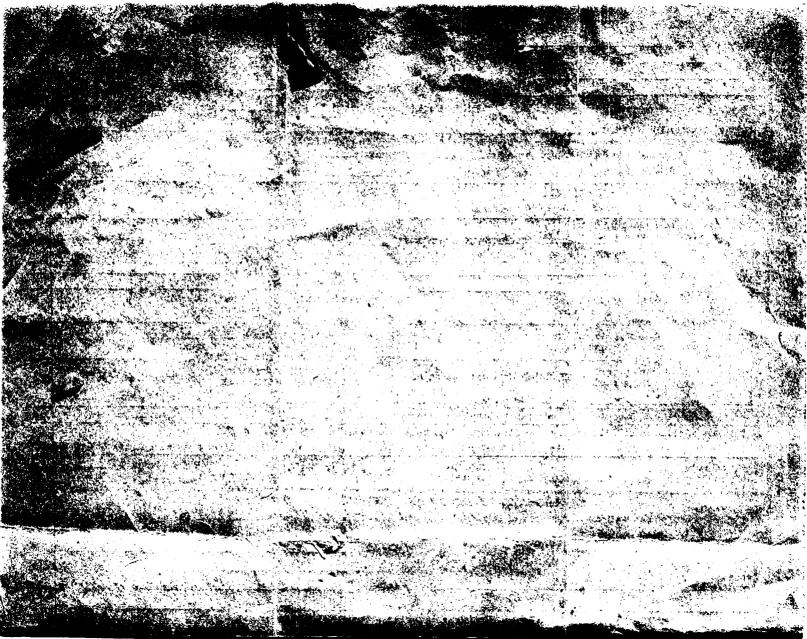
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No. 286484 State Wile No. Registration District No. .. (If born in hospital or institution give name.) Zacal Registrar's No. ... Prim. Registration District No. 2. FULL NAME OF CHILD. 9 8. Date of If plural [4. Twin, triplet, or other. 8. Premature 7. Legitibirth Guacith The births 5. Number, in order of birth... Full term. mate? Month. Day. Year) RECORD MOTHER g. Full FATHER 118. Full name maiden name 10. Residence (usual place of abode)
(If non resident, give place and State) Residence (usual place of abode) (If non-resident, give place and State). 11. Color or race All 12. Age at last birthday 2 20. Color or race. 21. Age at last birthday. 22. Birthplace (city or place)..... 13. Birthplace (city or place)..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ...... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. .... lawyer's office, silk mill, etc. 25. Date (month and vear) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work G INK-must be in this work..... in this work..... ...... 19...... ...... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother Before labor..... months 29. If stillborn. 30. Cause of stillbirth..... period of gestation DMD or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE at m. on the date above stated. I hereby certify that I attended the birth of this child, who was .... (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report.... chil (Date of) Registrar.



1. PLACE OF DEATH		vision of public health TE OF DEATH	Registered No. 116444
County of Ada	CIALLIFICARegistration		I de death assumed to
City of Boise	Primary Reg.	Dist No. 1004	If death occurred in hospital or institution
l St. Alphonsus Ho	OSD: Tasal Basista	ar's No. 154	give its name instead of street and number.
(Horse Hospital or Instit	tution)		
Length of residence in County	Yrs. Mos. Days	How long in U. 8. If of foreign birth?	Yrs. Mos. Days  or county and state)
2. FULL NAME Ralph	J. Coats	***************************************	
(a) Residence:		Carey Idaho	)
		(If non-resident give city	or county and state)
PERSONAL AND STATIST 3. MALE   4. White, Black.	ICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
FEMALE Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)	(month, day and year)	114/39
Male White	Single	22. I HERBBY CERTIFY, That L	attended deceased from
Husband of	us.	(a/14 1959, to	0 (0) 9 19.39
(or) Wife of 6. Date of Birth		I last saw her alive on	19 Death is said
(Month, day and year) June	e 14th. 1939	to have occurred on the date state	d above, atm.
	lys   If less than 1 day	The principal cause of death an causes of importance in order of o	net were
7. AGE Stillborn	hrs min	as follows:	Yr.   Mo.   Day
8. Trade, profession, or particula	ar kind of work done	suy rang	
9. Industry or business in which 10. Date deceased last worked at this occupation (month	h work was done	MAN WA	
10. Date deceased last worked !	11. Total time (yrs.) spent in	6/2/100/	
at this occupation (month	this occupation		
and year)	pa 124400000000000000000000000000000000000	Contributory causes of importance related to principal causes	
12. BIRTHPLACE (City or Town, C		Though had alley	ence !
	Boise Idaho		
5 13. NAME John Coats	s		Borne
14. BIRTHPLACE (City or Town,	County and State, or Country)	Where was disease first diagnosed:	
LE	Carey ldaho	Name of operation	date of
<u> </u>		Condition for which performed	date of
15. MAIDEN NAME SUB MA	arie Browne	What test confirmed diagnosis?	a our war of
E 16. BIRTHPLACE (City of Town,	Buhl idaho	Was there an autopsy?	was there an inquest?
17. SIGNATURE OF		23. If death was due to external c	auses, fill in also the following:
INFORMANT	n tates	(Check) Accident—Suicide—Homici	de? Date of injury
(Address)	Carev Idaho		occurf
18. BURIAL, CREMATION OR REM	OVAL C/35	Check whether injury occurred in i	
Place Morpis Hill	Date $6/15$ 3	Manner of injury	***************************************
19. UNDERTAKER	lur / Carrel	Nature of injury	
(Address) Boise	Man Reason	24. Was disease or injury in any	
<del></del>		deceased? If so, specify	
20. FILED AND BURIAL OR REMO	WAL PERMUTISSUED		
6-16-9- K	prine	(SIGNED)	, MULLIGHT M. D.
on193/ by	Registrar	(Address)	eeV
•	- /		and I have

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

REVAMPLE: I

- 8.-The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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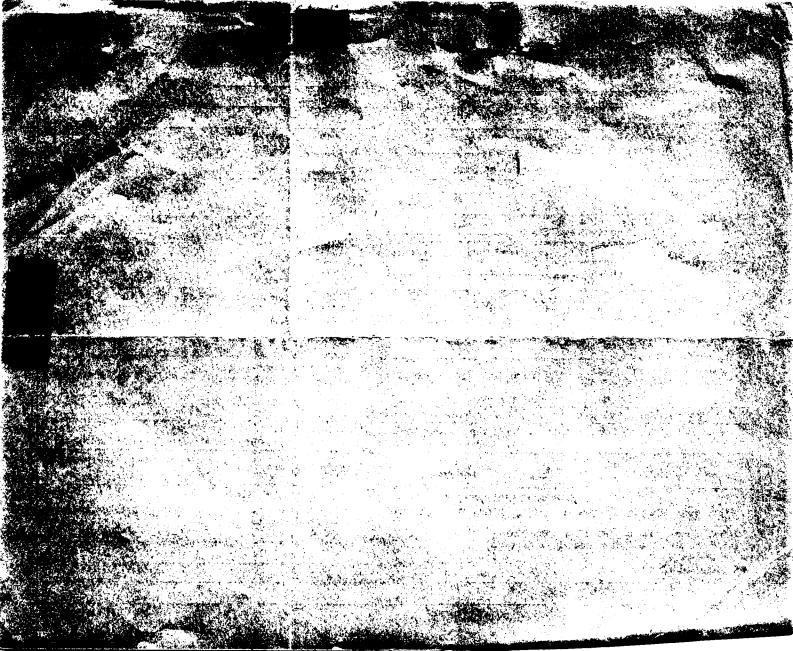
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TANK A REPORTED THE

2222222		EXAMINE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
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Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			

PLACE OF BIRTH TRATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS rth at City of... ERTIFICATE OF BIRTH No. .. 286485 7 State Flie No. case of Prim. Registration District No. Local Ragistrar's No. . (If born in hospital or institution give name.) 2. FULL NAME OF CHILD... Ä S 8. Date of birth.... births Full term wate? PERMANENT RECORD. ch, and the number of ea 5. Number, in order of birth.... (Month, Day, Year) 18. Full MOTHER 9. Full FATHER name maiden name 10. Residence (usual place of abode) 407 19. Residence (usual place of abode) (If non-resident, give place and State)..... (If non-resident, give place and State) 12. Age at last birthday (years) 20. Color or race 121. Age at last birthday (years) Color or race 22. Birthplace (city or place) 13. Birthplace (city or place)..... (State or Country) (State or Country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which made work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc. .... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent must be last engaged in this work last engaged in this work RAK in this work..... in this work..... WITH UNFADING Separate Return m 28. Number of children of this mother (At time of this birth and including this child) Refere labor Brush 29. If stillborn, months 30. Cause of Stillbirth ...... period of gestation fine me or weeks During laboramall Aulus CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at/ ... on the date above stated, (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from Address 608 6 astrnam a supplemental report (Date of) Registrar. Registrar. T. Section 1



	VISION OF PUBLIC HEALTH TE OF DEATH  Registered No. 116491
County of Boise Primary Reg.  St. Lukes Hospital Local Registr	Dist. No. If death occurred in hospital or institution give its name instead of
(Home, Hospital or Institution)  Length of residence in County Wrs. Mos. Days where death occurred	How long th U. S. If of traign Yrs. Mos. Days
2. FULL NAME Infant Geerhart  (a) Residence: 407 South 5th, Street	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE FEMALE Yellow, Red White Single Married, Widowed, or Divorced (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH (month, day and year) October 12th, 1939 22. I HEREBY CERTIFY, The I attended deceased from
Husband of (or) Wife of	I last saw h alive on
(Month, day and year) October 12th. 1939  7. AGE  Years Months Days If less than 1 day hrs. min.	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:    Yr.   Mo.   Day
8. Trade, profession, or particular kind of work done None 9. Industry or business in which work was done	
10. Date deceased last worked at this occupation (month this occupation)	Contributory causes of importance not
and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Boisep Idaho	Contributory causes of importance not related to principal causes
13. NAME Walter F. Geerhart 14. BIRTHPLACE (City or Town, County and State, or Country) Idaho	Where was disease first diagnosed? date of
15. MAIDEN NAME Bertie Strawn	Condition for which performed
16. BIRTHPLACE (City or Town, County and State, or Country) Boise, Idaho	Was there an autopsy? Was there an inquest? 23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF BING MATTER (Address) 407 50 5 Th	(Check) Accident—Suicide—Homicide? Date of injury
18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 10/13/ 19. 39  McBratney Funeral Home	Check whether injury occurred in industry home public place  Manner of injury
19. UNDERTAKER ACCIPATING THE ACCIPATING ACCIPATING (Address) Boise, Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	24. Was disease or injury in any way related to occupation of deceased? If so, specify
on/0-/4 1939 by Registrar	(SIGNED) M. D. (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

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- 10.—The month and year the deceased last worked at the occupation.
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EXAMPLE IT

<del>-</del>			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
		*	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Bannock BUREAU OF VITAL STATISTICS of more birth st Poc atello City of..... CERTIFICATE OF BIRTH-No. 101 South Johnson Registration District No. ... State File No. Pocatello General Hospital Prim. Registration District No. 2/6/ Local Registrar's No. (If born in hospital or institution give name,) A-L-Keaton 2. FULL NAME OF CHILD..... Ä E 8. Date of 6. Premature.... 7. Legitibirth October 12 198 9 If plural (4. Twin, triplet, or other\_\_\_\_\_ 3. Sex births Full term Yes mate? Yes 5. Number, in order of birth.... (Month, Day, Year) PERMANENT RECORD. Female ö MOTHER 118. Full 9. Full FATHER name maiden John W. keaton. name Wilma Ruth Mecham 10. Residence (usual place of abode) 563 West Halliday 19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello. Idah (If non-resident, give place and State) Same 22. Birthplace (city or place) Lost River, Idaho 13. Birthplace (city or place)... Pocatello. Idaho..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, Housewife . Laborer typist, nurse, clerk, etc. sawver, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, made work was done, as silk mill, Own Home U. P. R. R. lawyer's office, silk mill, etc. ...... sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work IG INK-must be At Present 19 39 in this work 2 years At Present 1939 in this work..... WITH UNFADING Separate Return mu (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living One. (b) Born alive but now dead None. (c) Stillborn One Two Before labor X months 29. If stillborn. 30. Cause of Stillbirth ..... period of gestation At term or weeks During labor..... Congenital Deformity I hereby certify that I attended the birth of this child, who was the distribution of this child, who was the distribution of the date above stated.

(Born Alive or Stillborn) CERTIFICATE OF ATTENDING PHYSICIAN OR CHIDWIFE When there was no attending physician (Signed) M. D. or midwife, then the father, householder, etc., should make this return. Treatello de Give name added from a supplemental report..... (Date of) Filed . Registrar.



		•
	PLACE OF DEATH STATE OF ID. DEPARTMENT OF PUBL	
ition H in	County of Bannock BUREAU OF VITAL S	DO NOT WRITE IN THIS SPACE
information DEATH in See instruc-	City of Pocatello CERTIFICATE O	F DEATH State File No. 1164!)
info DE	Registration District No	
- E-	Primary Registration Distric	t No. 2/6/ Local Registrar's No. 20
E C C Capt	(No. Pocatello Gen	eral Hospital
item USE (portan	(If death occurred in a hospital or institution, 2. FULL NAME Clos. Yeaton	
BINDING  RMANENT RECORD. Every item of PHYSICIANS should state CAUSE Of the of OCCUPATION is very important.	(a) Residence No. 563 West Halliday Str (Usual place of abode) Length of residence in city or town where death occurred.)	eet 1939 Pocatello, Idaho.
RECORD. S should a	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
	3 SEX 4 Color or Race 5. Single, Married, Wid-	21. DATE OF DEATH (month, day and year). 12193 9.
RES	owed or Divorced (write the word) Single	22 I HEREBY CERTIFY, That I attended deceased from
GU CO	5a. If married, widowed, or divorced	10/12 , 193,9, to / 5/12 , 193,9
	HUSBAND of (or) WIFE of None	flast saw her alive on 10/12 193.7: death is said
MAN OF EXP	6. DATE OF BIRTH (month, day, and yeart. 12,1939.	to have occurred on the date stated above, at m.
FOR BINDING PERMANENT X. PHYSICIAN tement of OCCUI	7. AGE Years Months Days If LESS than 1 day hrs.	The principal cause of death and related causes of importance were as follows:
FO F.	0 0 0 or min.	Musleril - Molbring Date of onset
GGIN RESERVED FOR B INK—THIS IS A PERM be stated EXACTIX. PHassified. Exact statement	8. Trade, profession, or particular kind of work done, as spinner,	Troughspully bet.
EV EV XA XA	kind of work done, as spinner, sawyer, bookkeeper, etc	althelas Honatorum
E E E	work was done, as silk mill, saw mill, bank, etc. Infant	appropria)
	10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this	Other contributory causes of importance:
NI SELECTION	ed at this occupation spent in this occupation cocupation	4.7
MARGIN RESERVED UNFADING INK—THIS IS A AGE should be stated EXACTI properly classified. Exact sta	12. BIRTHPLACE (city or town) Pocatello,	
M/ M/ DDID hour	(State or country) Idaho.	Name of operation
MAR MAR UNFADING AGE should properly cls	13. NAME John W. Keaton	What test confirmed diagnosis? Was there an
MARGIN E. H UNFADING INK— AGE should be state be properly classified.	13. NAME John N. Keaton  14. BIRTHPLACE (city or town) Pocatello, (State or country) Idaho.	autopsy?
		the following:
AINLY, WITH ally supplied that it may be certificate.	15. MAIDEN NAME Wilma Ruth Mecham  16. BIRTHPLACE (city or town) Arco, (State or country) Idaho.	Accident, suicide, or homicide? Date of injury
MINLY, ally sup that it certific	16. BIRTHPLACE (city or town) Arco,	Where did injury occur?
		Specify whether injury occurred in industry, in home, or
careft	17. INFORMANT John M. Lealon	in public place
RITE PL. I be caref terms, so n back of	(Address) Pocatello, Idaho.  18. BURIAL, CREMATION OR REMOVAL	Manner of injury
-WRITE PLA iould be careful ain terms, so on on back of	PlaceFocatello,IdahoDateOct. 12, 193.9.	Nature of injury.
3.—WRITI should be plain term	19. UNDERTAKER 11 Mortuary by Stary Will	24 Was disease or injury in any way clated to occupation of deceased?
	(Address) Focaterro, Idano.	(Signed) M. D.
N. B.—WRITE PL. should be caref plain terms, so tion on back of	20. FILED Oct. 12, 1939. /0-//-/939. Registrar.	(Address Pocatello, Idaho.
1		J1
•		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

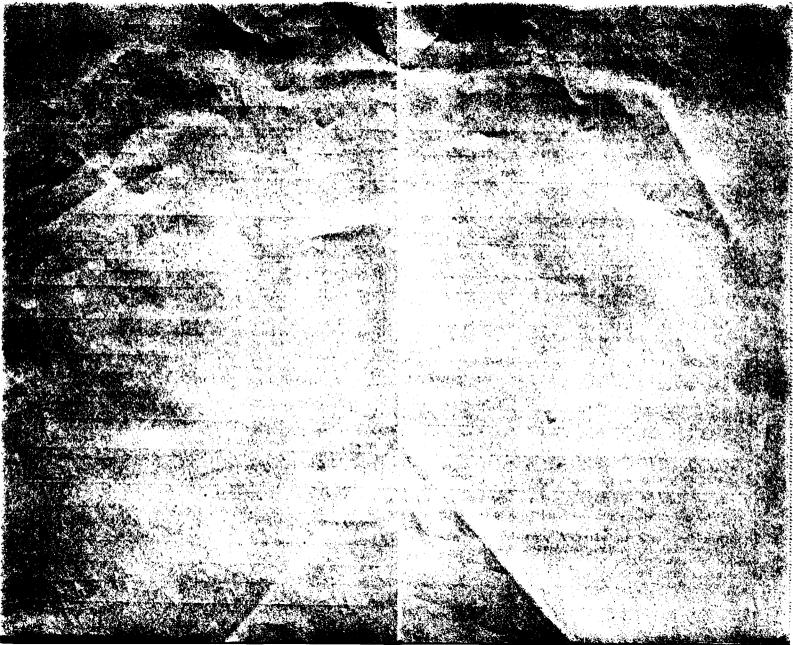
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		· ·	

OHAGI TO STATE DEPARTMENT OF PUBLIC WELFARE BUREAU OF WITAL STATISTICS County of CERTIFICATE OF BIRTH State File No. Registration District No. -Local Registrar's No. 26 (If born in hospital or institution live name.) Prim. Registration District No. reiman 2. FULL NAME OF CHILD.... 8. Date of 6. Premature... 7. Legiti-If plural [4. Twin, triplet, or other\_\_\_ birth. 3. Sex births mate? - W (Month, Day, Year) Full term... 5. Number, in order of birth... MOTHER 18. Full FATHER 9. Full maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 18 (years) 20. Color or race 21. Age at last birthday 17 (years) 22. Birthplace (city or place) Marianaulla. 13. Birthplace (city or place) Dringwille (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner. typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. .... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. .. sawmill, bank, etc. ..... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work lest engaged in this work RK in this work. in this work. esent 19.35 27. What prophylactic was used to prevent Ophthalmid Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother Before labor months 30. Cause of Stillbir 29. If stillborn. During labor..... period of gestation.... Separa CERTIFICATE OF ATTENDING PHYSICIAN OR, MIDWIFE barn at 12 19 m. on the date above stated. I hereby certify that I attended the birth of this child, who was. (Born Airve or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from WRITE one child a supplemental report..... (Date of) Registrar.



it record	
permanent record	refully
Write Plainly with Unfading Ink—This is a	back ca
ig Inkil	tions on t
Unfadir	Explanation
dy with	Read ]
te Plain	
Wri	

1. PLACE OF DEATH STATE OF IDAHO — DIV	VISION OF PUBLIC HEALTH  Registered No. 116493
County of Registration I City of Portage Primary Reg.  Double Registration I Local Registration I Local Registration I	Dist. No give its name instead of
(Home, Hospital or Institution)  Length of residence in County Wrs. Mos. Days where death occurred	How breads U. G. 199 Goreign Yrs. Mos. Days
2. FULL NAME TO CAMPO	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS  3. MALE FEMALE FUNDAL FUNDA	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (month, day and year)  22. I NERBBY, CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced Husband of (or) Wife of  5. Date of Birth	I last saw how to the control of the
7. AGE Years (Months Days If less than I day	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:    Yr.   Mo.   Day
8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done	Hertileysian 1937 for 1
10. Date deceased last worked at this occupation (month and year)	Confributory causes of importance not related to principal causes
12. BIRTHPLACE (City or, Toyal County and State or Country)  Calello, Andrewson Colores  13. NAME Juan Julson Colores	Where was disease first diagnosed?
14. BINTHPLACE (City or Town, County and State, or Country)	Name of operation date of Condition for which performed
15. MAIDEN NAME OF TOWN, County and Stafe, or Country)	Was there an autopsy? Was there an inquest?
17. SIGNATURE OF SINFORMANT (Address) (Address	(Check) Accident—Suicide—Homicide? Date of injury  19 Where did injury occur?  (Specify city or town, county and state)  Check whether injury occurred in industry home public place
19. UNDERTAKER A. S. M. H. M. H. M.	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ESUED	(SIGNED) U. C. SPECITO D.
on O Coate) by Registrar	(Address)

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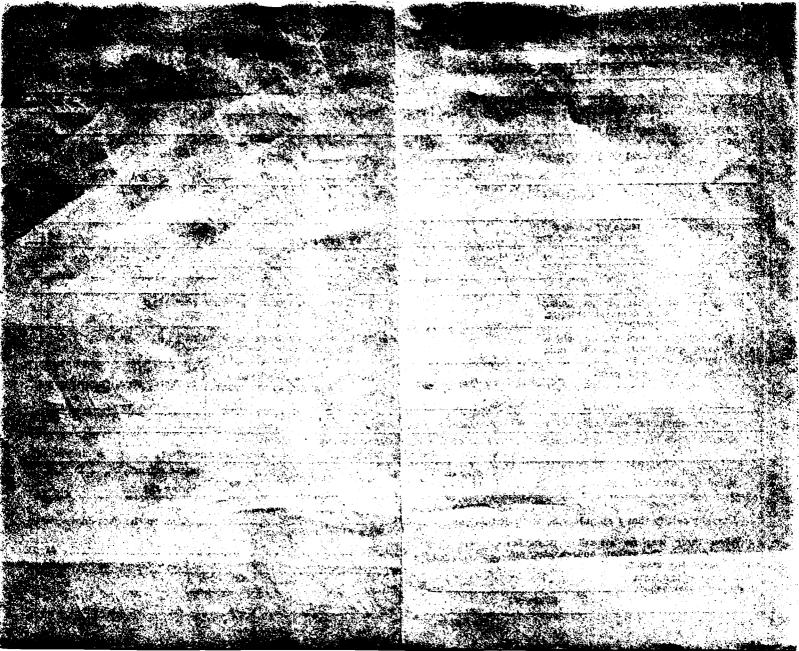
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

ten



1. PLACE OF DEATH		VISION OF PUBLIC HEA	ALTH Re	gistered No	110101
• • •	CERTIFICA	TE OF DEATH			
County of Bannock	Registration	Dist. No.	y	if death oc hospital or	institution i
la Pocalello	Primary Reg.	Dist. No		give its name street and num	ber.
St. Anthony's Hos	itution)	rar s No	V/TD-		
Length of residence in County where death occurred	Yrs. Mos. Days O O	How long in U.S. if of a		Yrs. Mos.	Days
2. FULL NAME Val	110 111 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(Infant) NOV	1939	14 200 U - 0 5 4 7 7 7 4 4 7 2 2 7 2 2 2 2 2 2 2 2 2 2	
(a) Residence: 118	Roosevelt Ave.	Ocatello. (If non-resident g	Idaho.	county and state	<del>,</del> 2
				E OF DEATH	<u> </u>
PERSONAL AND STATIS	i f Single, Married, Widowed,	21 DATE OF DEATH	Octo		1939.
3. MALE 4. White, Black, Yellow, Red	or Divorced (write the word)	(month, day and year) 22. I HEREBY CERTIFY,			
Male White  5a. If married, widowed, or divorce	Single Single		39 to _		19 82
Husband of (or) Wife of		I last saw h alive on	<b>A</b>	19 T	eath is said
6 Date of Birth		1	te fietete et	3	
(Month, day and year) OC	tober 31, 1939.	The principal cause of d causes of importance in or	aath ann r	elated i fanta	of Onset   Mo.   Day
T ACTO		as follows:	der or owner	Yr.	Mo. Day
8. Trade, profession, or particu	hrs. min. min.	Surver	<u> </u>		<u>E</u>
37					
9. Industry or business in whi	ch work was done				
9. Industry or business in whi Infant 10. Date deceased last worked	11. Total time (yrs.) spent in				
10. Date deceased last worked at this occupation (month	this occupation	1			
and year)		Contributory causes of imprelated to principal caus	es		
12. BIRTHPLACE (City or Town,					
Pocatello,	Idaho.				
5 13. NAME Curtis F	. Mizera	- Where was disease first di			
14. BIRTHPLACE (City or Tow	n, County and State, or Country	Name of operation		date of	·····
Pocatello	Idaho.	Condition for which perfor	med	***************************************	<u> </u>
15. MAIDEN NAME DO	nna Harrison	What test confirmed diagr	nosis?		st?
15. MAIDEN NAME DO 16. BIRTHPLACE (City or Town	n, County and State, or Country	Was there an autopsy?	Was	there an inque	st?
≥  Rupe		23. If death was due to ex	xternal caus	es, fill in also ti	ne following:
17. SIGNATURE OF CUSTON	7. Migera	(Check) Accident—Suicide			
Poor	tello. Idaho.		pecify city (	or town, county a	
(Address) FUGS	EMOVAL	Check whether injury occu			ublic place
Place Pocatello, Ida	ho Date Ct 3 1,19.2				
	cuary by C. H. Hal	Nature of injury	v in any w	ay related to o	ccupation of
(Address)	llo Idaho.	deceased?If so			<b></b>
20. FILED AND BURIAL OR RE		0	0	$\mathcal{O}_{\star}$ .	
	A O Kan	(SIGNED)		ay	M. D.
onct. 31, 1939 by by	Registrar	(Address) POC	atello	. Idaho.	
(Date)	1000 mm	•		•	

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		

stated.	1. PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE				
sta	County of Benewah.  BUREAU OF VITAL STATISTICS				
birth	City of Plummer. CEIVED CERTIFICATE OF BIRTH 286489				
	NoSt. Registration 1319 NoState File No				
er of	(If born in hospital or institution give name.) Prim. Registration District NoLocal Registrar's No				
order	2. FULL NAME OF CHILD Joy Anne Olson.				
ä	If plural [4. Twin, triplet, or other				
each,	births births Ves births Ves birth.				
jo Jo	Female   5. Number, in order of birth Full term				
	name maiden				
number	Ralph W.Olson.  10. Residence (usual place of abode) (If non-resident, give place and State)  Plummer: Ida (If non-resident, give place and State)  (If non-resident, give place and State)  Ralph W.Olson.  name Ona Faoch  (If non-resident, give place and State)  (If non-resident, give place and State)				
	(If non-resident, give place and State) Italianer Ida (If non-resident, give place and State) Plummer Ida				
ĝ	11. Color or race White 12. Age at last birthday 38 (years) 20. Color or race White 21. Age at last birthday 34 (years)				
and	13. Birthplace (city or place) 22. Birthplace (city or place) Washington.				
	14 Trade profession or particular				
each,	kind of work done, as spinner, Rarmer, z of work done, as housekeeper, Housewife.				
ទ	E 15. Industry or business in which				
made	work was done, as silk mill,   work was done, as own home,   work was done, as own home,   Housewife.   lawyer's office, silk mill, etc.   Housewife.				
Ä	sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year)  17. Total time (years) spent  18. Sawmill, bank was done, as own home, lawyer's office, silk mill, etc.  18. Date (month and year)  19. Date (month and year)  19. Last engaged in this work  10. Last engaged in this work  11. Total time (years) spent				
t be	last engaged in this work 17. Total time (years) spent last engaged in this work 28. Total time (years) spent last engaged in this work 28. Total time (years) spent last engaged in this work 28. Total time (years) spent last engaged in this work 28. Total time (years) spent last engaged in this work 28. Total time (years) spent last engaged in this work 28. Total time (years) spent last engaged in this work 28. Total time (years) spent last engaged in this work 28. Total time (years) spent last engaged in this work 15. Total time (years) spent last engage				
nus	27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
E .	28. Number of children of this mother (At time of this birth and including this child)				
(a) Born alive and now living					
2	29. If stillborn, period of gestation Full term   months or weeks  30. Cause of Stillbirth Unknown Before labor.				
ara	period of gestation. Full term or weeks 30. Cause of Stillorth				
Sep	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was Stillborn at 10.45. In the date above stated.				
ಪ	(Born Appen Stillborn / A				
birth	When there was no attending physician or midwife, then the father, householder, etc., (Signed)				
at k	should make this return. or Osteopathic Physican & Surgeon. Midwife				
child	Give name added from a supplemental report Address Tekoa, Washington.				
	(Date of) Filed Row 1989 Fred Robertson				
one	Registrar. Registrar.				

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PLACE OF DEATH County of Benewah	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE	DO NOT WRITE IN THIS SPACE
City of Plummer,	CERTIFICATE OF	. —	State File No.
	Registration District No	132	
	Primary Registration District	None	Local Registrar's No
i	(No		)
(If death occurred	in a hospital or institution	give its <b>gamy-jo</b> ste	ead of street and number)
2. FULL NAME	TITE		***************************************
	lummer, Idaho.		St.
(Usual place of abode Length of residence in city or t	own where death occurred.y	rs. mos. ds. How lo	dent give city or town and state) ng in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATIST			AL CERTIFICATE OF DEATH.
3. SEX 4. Color or Race	5. Single, Married, Wid- owed or Divorced (write		DEATH (month, day and year)/0/14193 4
Female White.	the word) Single.		CERTIFY, That I attended deceased from
5a. If married, widowed, or dive	orced		Bi,nich , to, 193
HUSBAND of (or) WIFE of **			alive on 193.7: death is said
6. DATE OF BIRTH (month, da			d on the date stated above, at m.
7. AGE Years Months	Days If LESS than 1 day hrs.	The principal of portance were a	ause of death and related causes of im-
Stillborn.	or min.	Stillborn	n, Cause unknown.
8. Trade, profession, or partiking of work done, as spins	ner,		
sawyer, bookkeeper, etc	***		
9. Industry or business in whi			
kind of work done, as spins sawyer, bookkeeper, etc			ory causes of importance:
ed at this occupation (mo. and yr.)	spent in this occupation **		
(mo. and yr.)	· = ···		
12. BIRTHPLACE (city or town	) Plummer,		24.54
(State or country)	Idaho.	Name of opera	tion Date of Wor there an
13. NAME Ralph W. Ol	son.	What test con autopsy?.**	firmed diagnosis
13. NAME Ralph W.Ol 14. BIRTHPLACE (city or to (State or country)	wn) Washington.		s due to exter'l causes (violence) fill in also
(State or country)		41 P. 11	
15. MAIDEN NAME Ona  16. BIRTHPLACE (city or (State or country)	Floch.	193	le, or homicide? *** Date of injury**
16. BIRTHPLACE (city or town) Washington.		Where did inj	ury occur?
		Specify whether	er injury occurred in industry, in home, or
17. INFORMANT Dr.W.E.Abegglen. (Address) Tekoa, Washington.		in public pla	ce**
(22002 000)	. Washington.	Manner of inj	ury**
18. BURIAL, OFEMATION OR	Tate 10/26, 193 9	Nature of inju	
19. UNDERTAKER Raff	1. (1) Olson	24 Was disease	or injury in any way related to occupation
19. UNDERTAKER Harry (Address)	vous Draho	of deceased	the liberary of the
20. FILED Nov 193.7	tud 4 Robertion	(Signed)-	
	Registrar.	(Addres	s

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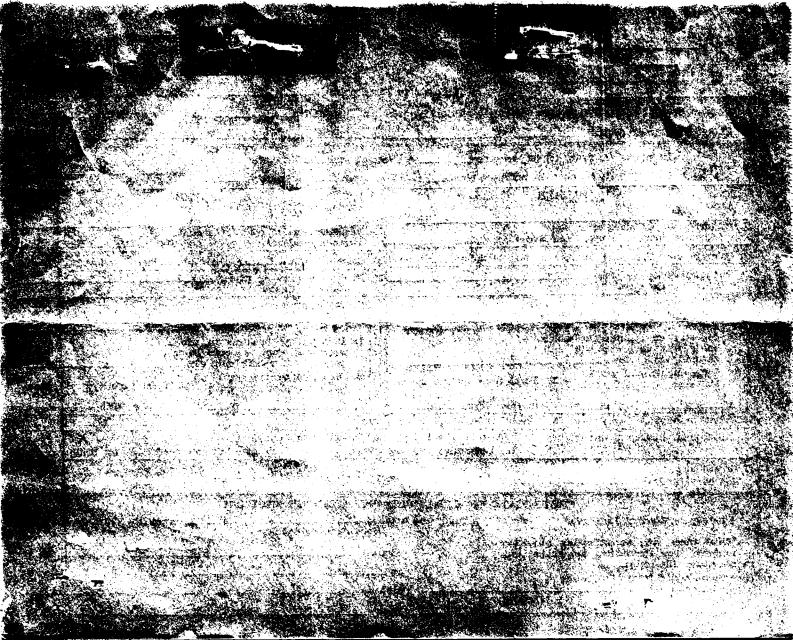
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			3 days ago
		• ;	<del></del>
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
		•	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

L PLACE OF BIRTH	STATE OF IDAHO
County of Basic RECEIV	ED DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 996490
City of County	1039 CERTIFICATE OF BIRTH - ATTACK
4	ration District No. Local Registrar's No. 85
	embart
f 3. Sex If plural \( \) 4. Twin, triplet, or other	Premature Ula 7 Legitic 8. Date of
hietha )	Full term mate? 4 birth 6-8- 198 9 (Month, Day, Year)
9. Full FATHER	18. Full MOTHER
Henry Sichard Bearing	maiden name Tacy Madine Cons
10. Residence (usual place of abode)  (If non-resident, give place and State)	19. Residence (usual place of abode)
11. Color or race lie tule 12. Age at last birthday 3 3 (years	20. Color or racels hit   21. Age at last birthday 2.3 (years)
13. Birthplace (city or place) O'Fellow, Ollework (State or Country)	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, Asswer, bookkeeper, etc.	of work done, as housekeener //
E 15. Industry or business in which	E 24. Industry or business in which
work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
0 16. Date (month and year)	5   25. Date (month and year)   /
O	last engaged in this work 26. Total time (years) spent
10-7, 19.3.9 in this work	10-7, 1929 in this work
27. What prophylactic was used to prevent Ophthalmia Neona 28. Number of children of this mother (At time of this birth	
	and including this child) w living 3 (b) Born alive but now dead (c) Stillborn 4
29. If stillborn, months	C Durden Johan
period of gestation	30. Cause of Stillbirth Before labor
CERTIFICATE OF ATTENDING	
I hereby certify that I attended the birth of this child, who was	s Stillborn at 8 2 m on the date above stated
When there was no attending physician	(Born Alive or Stillborn)
or midwife, then the father, hoseholder, etc., (S should make this return.	Signed), M. D.
Or	Midwife
a supplemental report	ddress Haley Hales
	ned 11 - 4 1039 Salor H. Whight-
Registrar.	Roghtrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DEATH in County of Shaine DO NOT WRITE IN THIS SPACE See instruc-BUREAU OF VITAL STATISTICS - Carey: CERTIFICATE OF DEATH State File No... Registration District No Primary Registration District No..... Local Registrar's No. **5**0 is very important. NOV (II death occurred in a hospital or institution, give its name instead of street and number) state CAUSE Gernhais 2. FULL NAME (a) Residence No. - Co Q (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. should OCCUPATION PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single. Married. Wid-4. Color or Race 3. SEX 21. DATE OF DEATH (month, day and year)/0-81939 owed or Divorced (write the word) Xuna 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced 10-8 - 1939, to 193 HUSBAND of I last saw h alive on 10 - 2 193 9: death is said (or) WIFE of to have occurred on the date stated above, at...... m. 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-7. AGE Years Months Days 1 day .... hrs. portance were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation occupation (mo, and yr.) ..... taren c should 12. BIRTHPLACE (city or town). (State or country) Name of operation Date of What test confirmed diagnosis? Was there an 13. NAME Henry Vieleard autopsy?.../20... 14. BIRTHPLACE (city or town) 6 Fellow 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury...... 15. MAIDEN NAME 193..... Where did injury occur?..... 16. BIRTHPLACE (city or town) Care de (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or ö 17. INFORMANT ... in public place (Address) Manner of injury.... 18. BURIAL, CREMATION OR REMOVAL should be Nature of injury..... Place Coasis Date , 193 24 Was disease or injury in any way related to occupation tion 19. UNDERTAKER of deceased? specify. (Address) (Signed) ..... 20. FILED. (Address \_\_\_\_\_ Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

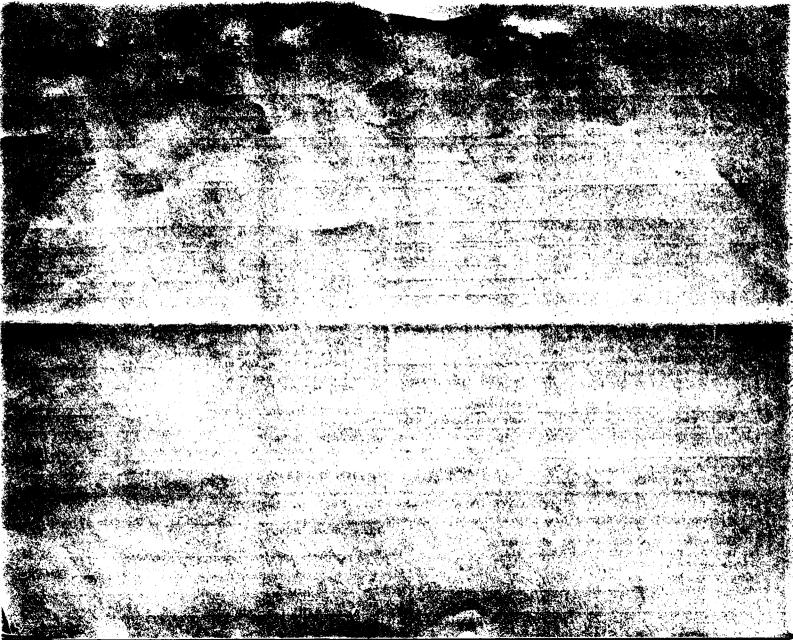
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH ATE OF IDATIO DEPARTMENT OF PUBLIC WELFARE County of A 7 1933 BURHALL OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institution give hame). Prim. Registration District No. Local Registrar's No. 2. FULL NAME OF CHILD. 뭐답 8. Date of If plural (4. Twin, triplet, or other... Premature 7. Legitibirths [5. Number, in order of birth.... birth Oct. mate? Uesi RECORD. Full term. (Month, Day, Year) 9. Fb111 FATHER. 18. Fuli MOTHER nama maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (1) (If non-resident, give place and State) 11. Color or race Little 12. Age at last birthday 3.5 (years) 20. Color or race to hite 21. Age at last birthday 22 (years) 13. Birthplace (city or place) get of 22. Birthplace (city or place) Souse A (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind/ kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill work was done, as own home, sawmill, bank, etc. .... lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work INK 10-30 1939 must in this work .... in this work.... UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3. (b) Born alive but now dead. (c) Stillborn. 29. If stillborn. months period of gestation During labor ..... 30. Cause of Stillbirth asphir or weeks Before labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was fill forces at & ... m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... Address L (Date of) Registrar.



Write Plainly with Unfading Ink—This is a	Write Plainly with Unfading Ink—This is a permanent reco	Don't Dream la mandiana and bash an actually
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1. PLACE OF DEATH CERTIFICA'	TE OF DEATH  Registered No. 11649
County of Registration I	Dist. No. 104 If death occurred in hospital or institution give its name instead of street and number.
where death occurred  Shirley Joan Rah	How long in U. S. if of foreign Yrs. Mos. Days birth?
2. FULL(NAME	(If non-resident give city or county and state)
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. MALE	21. DATE OF DEATH (month, day and year)  22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced Husband of (or) Wife of  6. Date of Birth	I last saw h alive on
7. AGE Years Months Days If less than 1 day hrs. No. min. No.	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:    Date of Onset
8. Trade, profession, or particular kind of work done 9. Industry or business in which work was done	Asplantion prior to delivery - doe to
10. Date deceased last worked at this occupation (month and year)	Contributory causes of importance not related to principal causes
12. BIRTHPLACE (City or Town, County and State, or Country)	fremation ty 60ths.
13. NAME 14. BIRTHPLACE (City or Town, County and State, or County)	Where was disease first diagnosed?
14. BIRTHPLACE (City of Town County and State, of County)	Name of operation date of
- Track of Contract	Condition for which performed
15. MAIDEN NAME 16. BIRTHPLACE (City or Town, County and State, of Country)	Was there an autopsy? Was there an inquest?
16. BIRTHPLACE (City or Town, County and State, of Country)	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF P. J. Origan	(Check) Accident—Suicide—Homicide? Date of injury
(Address) Box 544 Halley Idako	, 19
18. BURIAL, CRÉMATION OR REMOVAL  Place Faire Capo Date //-/ 1939	Check whether injury occurred in industry home public place  Manner of injury
Place Trace Date Date	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of
(Address)	deceased? If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	(SIGNED) Kalph A- Fordum M. D.
on //- 3 193 9 by Registrar  (Date)	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

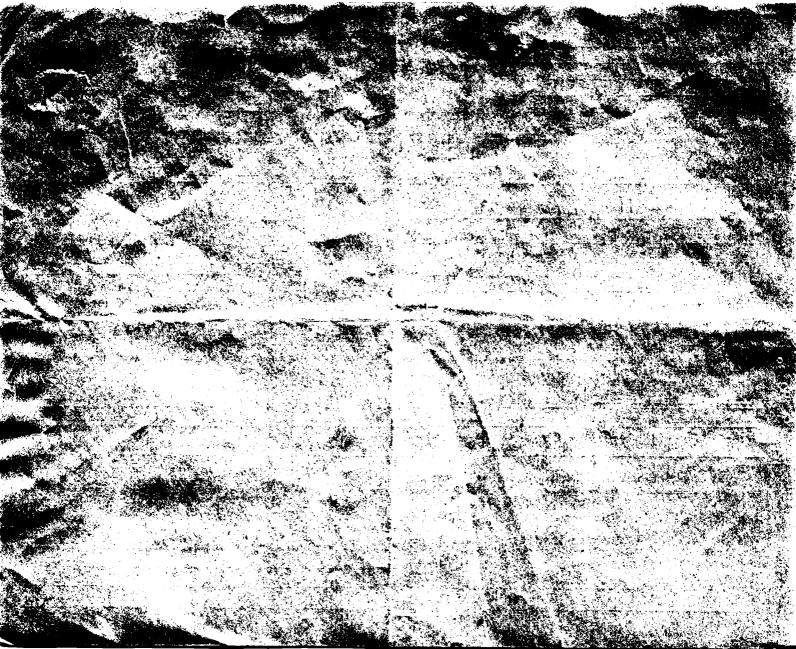
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greecey store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as corpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a sales-

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

BTATE OF IE CHO PLACE OF BIRTH of more than DEPARTMENT OF PUBLIC WELFARE County of.... BUREAU OF VITAL STATISTICS City of D'an CERTIFICATE OF BIRTH State File No. Registration District No. \_\_\_\_\_ Prim. Registration District No. 2155 Local Registrar's No. 22 (If born in hospital or institution give name.) Norman Johnson 2. FULL NAME OF CHILD..... 8. Date of 6. Premature.... 7. Legiti-If plural (4. Twin, triplet, or other..... 3. Sex Male births 5. Number, in order of birth..... mate? Full term... PERMANENT RECORD. MOTHER 9. Full FATHER 18. Full name Rubin Henry Montage maiden Mary S usan name 10. Residence (usual place of abode) (If non-resident, give place and State). Saudhou 19. Residence (usual place of abode)
(If non-resident, give place and State) 11. Color or race white | 12. Age at last birthday 50 (years) 20. Color or race white 21. Age at last birthday 40 (years) 22. Birthplace (city or place) Woodwello much (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, Truck driver of work done, as housekeeper, Housewon typist, nurse, clerk, etc. ..... 15. Industry or business in which work was done; as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work WITH UNFADING INK-THIS IS Separate Return must be made for 24. Industry or business in which work was done, as silk mill, W. work was done, as own home. lawyer's office, silk mill, etc. . 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work in this work 20 in this work. 10 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) b 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Cukus Before labor..... months 29. If stillborn. 30. Cause of stillbirth... or weeks period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Stillborn 117 m on the date above stated. I hereby certify that I attended the birth of this child, who was...... (Born Alive of Stillberta) When there was no attending physician? or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... CFI (Date of) Filed ...... 8 - 9 Begistrar. Registrar.



1. PLACE OF DEATH STATE OF IDAHO — DI	VISION OF PUBLIC HEALTH TE OF DEATH - Registered No.
County of Bonner Registration : Sandpoint Primary Reg.	Dist. No. 2155 If death occurred in hospital or institution give its name instead of street and number.
Length of residence in County Yrs. Mos. Days where death occurred	How long in U. S. if of foreign Yrs. Mos. Days
2. FULL NAME Stillbirth Norman Jo (a) Residence: 610 Main, Sandpoir	hnson nt, Idaho (If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS  3. MALE FEMALE FEMALE Male White, Black, or Divorced (write the word) Male Thite Single  5a. If married, widowed, or divorced Husband of (or) Wife of	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (month, day and year) July 25, 1939  22. I HEREBY CERTIFY, That I attended deceased from July 25 1937  I last saw hamalive on Still form 19 Death is said
6. Date of Birth (Month, day and year) July 25, 1939  7. AGE   Years   Months   Days   If less than 1 day   Stillbirth   hrs.   min.        8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:    Cause untimon
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)	Contributory causes of importance not related to principal causes
Sandpoint, Idaho  13. NAME Ruben H. Montague  14. BIRTHPLACE (City or Town, County and State, or Country)  Karo, Michigan	Where was disease first diagnosed?  Name of operation date of  Condition for which performed
15. MAIDEN NAME SUSAN JOHNSON 16. BIRTHPLACE (City or Town, County and State, or Country) Woody ille	Name of operation
17. SIGNATURE OF MAN HATS FORD TATLEY INFORMANT  (Address) 805 N. Boyer Sandpoint Idah  18. BURIAL CREMATION OF REMOVAL	(Check) Accident—Suicide—Homicide? Date of injury  19 Where did injury occur?  (Specify city or town, county and state)  Check whether injury occurred in industry home public place
Place Inecres? Cometriate July 25,19 37  19. UNDERTAKER Androint, Idaho  (Address) Sandpoint, Idaho	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  on	(Signed) Sandpoint, Idaho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

EXAMPLE 1

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greery store, soap factory, cotton mill, etc.

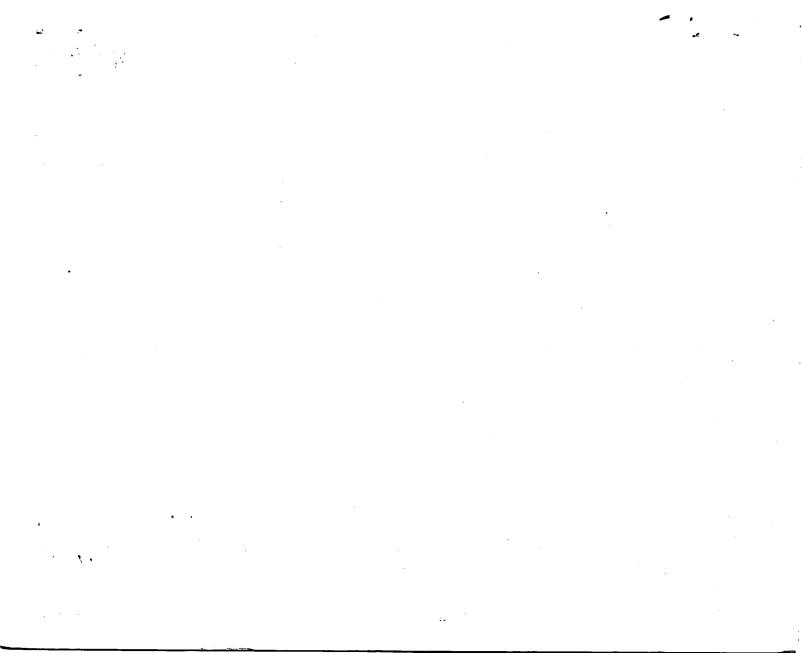
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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EARNIFIE 1	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance:	
Ganstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	·····		
	**************		/***
			·····



	11649.9
A DIACE OF DEAME	VISION OF PUBLIC HEALTH TE OF DEATH  Registered No.
County of Bonner Registration	Dist. No
County of Bonner 2 Registration City of Sandpoint Residence 11 4 Local Registr	Dist. No. 2155 hospital or institution give its name instead of
(Home, Hospital or Institution)	ar's No. street and number.
Length of residence in County Yrs. Mos. Days where death occurred	How long in U. S. if of foreign Yrs. Mos. Days birth?
2. FULL NAME Almeda Gale Ward	and and the Table
(a) Residence: 1015 Poplar St., S	andpoint Idaho (If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, 5. Single, Married, Widowed, FEMALE Yellow, Red or Divorced (write the word)	21. DATE OF DEATH (month, day and year) June 15, 1939
Female White Single	2. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced Husband of	Jen 15 139 to Juan 15 139
(or) Wife of 6. Date of Birth	I last saw h alive on
(Month, day and year) June 15, 1939	to have occurred on the date stated above, atm.  The principal cause of death and related
7. AGE Years Months Days If less than 1 day	causes of importance in order of onset were as follows;
Stillbirth hrs. min.	matural hypertension and
None	albunishria
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation)	Brush prisintation
10. Date deceased last worked   11. Total time (yrs.) spent in	
at this occupation (month this occupation	deline
and year)	Contributory causes of importance not related to principal causes
12. BIRTHPLACE (City or Town, County and State, or Country)	Grath ountred during
Sandpoint, Idaho	labra 1 5
13. NAME Keith Harry Ward	Where was disease first diagnosed?
13. NAME Kelth harry ward 14. Birthplace (City or Town, County and State, or Country)	Name of operation date of
Salam, Oregon	Condition for which performed
15. MAIDEN NAME Josie Juanita Carter	What test confirmed diagnosis?
16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? NO Was there an inquest? NO
Springuate, Oregon	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF Total To Ward	(Check) Accident—Suicide—Homicide? Date of injury
(Address) Sandpoint, Idaho	, 19 Where did injury occur? (Specify city or town, county and state)
18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public place
Place Pinecrest Cometery Date June 16, 39	
19. UNDERTAKER JUNE - h.G. Moon	Nature of injury
(Address) Sandpoint, Idaho	deceased? 22 If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	5/- 1 10
	(SIGNED) Of M. J. Syler M. D.
on Date by Registrar	(Address) Sandprint Ixaho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMIT LE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FIRTH	ER STATEMENTS BY PHYSICIAN	
		STATEMENTS BY THISICIAN	

1. PLACE OF BIRTH	STATE OF IDAHO
County of Bonnewell	DEPARTMENT OF PUBLIC WELFARE 286494 BUREAU OF VITAL STATISTICS
Olty of Shah 7 els	CERTIFICATE OF BIRTH
No memoriel druist	
1 60 d 7/ 1 T. Registratio	n District No State File No
(Tell A locality to the Alberta and Company)	istration District No. 2150 Local Registrar's No. 498
(If born in hospital or institution give name.) Prim. Regi	istraction district 140. E. L. Liocal registral s 140.
2 FULL NAME OF CHILD SCULLE !	darken
Stillfirling plural \( \) 4. Twin, triplet, or other \( \) 8.	Premature 1/2 7. Legiti-
118. Sex / 4 / 4   4   4   4   4   4   4   4   4	// hirth / 198.7
5. Number, in order of birth.	Full term mate? 16. (Month, Day, Year)
9. Full FATHER  10. Residence (usual place of abode)  (If non-resident, give place and State)  11. Color or racellate   12. Age at last birthday 2. (ye  13. Birthplace (city or place)  (State or Country)  14. Trade, profession, or particular kind of work done as spinner.	18. Full MOTHER
name Parley Joseph Herker	maiden phase a lalice steed
10. Residence (usual place of abode) Lewisville	19 Residence (usual place of abode)
(If non-resident, give place and State)	(If non-resident, give place and State)
11. Color or racelated   12. Age at last birthday 2.6. (ye	ars) 20. Color or race Like   21. Age at last birthday. (years)
13. Birthplace (city or place)	22. Birthplace (city or place)
(State or Country)	(State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
William of work done, as spilled,	of work done, as housekeeper, typist, nurse, clerk, etc.
sawyer, bookkeeper, etc.	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
work was done, as silk mill,	work was done, as own home, work was done, as own home,
sawmill, bank, etc.	
2 16. Date (month and year) 17. Total time (years) spec	nt
last engaged in this work	account 1939 in this work 2 yr
desques, 19.32 in this work	and I seed to the seed of the
27. What prophylactic was used to prevent Ophthalpna Ne	
28. Number of children of this mother (At time of this b	irth and including this child)
(a) Born alive and	now living
29. If stillborn, months	30. Cause of stillbirth
27. What prophylactic was used to prevent Ophthalpfia Ne  28. Number of children of this mother (At time of this b  (a) Born alive and  29. If stillborn, months or weeks  CERTIFICATE OF ATTEND  Thereby certify that I attended the birth of this child, who	During labor
CERTIFICATE OF ATTEND	OING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who	
	(Born Alive or Stillbarn)
When there was no attending physician	1 104 4 1000
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.  Give name added from	
Give name added from	or Midwife
a supplemental report	Address Righy I data
(Date of)	Filed at 11/ 193 9 Org museum
Give name added from a supplemental report (Date of)  Registrar.	Registrar.
, i	

PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DEATH in County of Donne ... 1 0. See instruc-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No..... Primary Registration District No. 2/20 Local Registrar's No. ö is very important. CAUSE dath occurred in a hospital or institution, give its name instead of street and number) 2 BULL NAME (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. should PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 4. Color or Race 5. Single, Married, Wid-21. DATE OF DEATH (month, day and year) owed or Divorced (write 22 I HEREBY CERTHY. That I attended deceased from the word) 5a. If married, widowed, or divorced ..., 1939 to 9 HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 9 \_ 1-39 to have occurred on the date stated above, at \_\_\_\_\_ m LESS than The principal cause of death and related causes of im-7. AGE Years Months Days 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of 13. NAME What test confirmed diagnosis?..... Was there an autopsy?..... 14. BIRTHPLACE (cit/ or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury...... 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place..... (Address) Manner of injury..... 18. BURIAL EREMATIO Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? (Address (Signed) .....

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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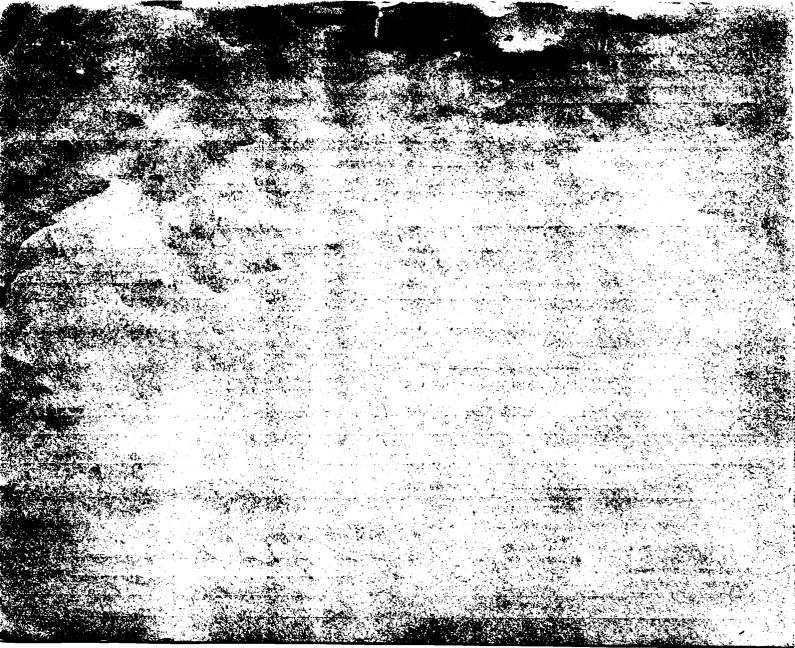
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH TATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Donner birth sta County of. BUREAU OF VITAL STATISTICS Talls Idaha City of. CERTIFICATE OF RIRTH Momoral Wille State File No. ... Registration District No. er of Prim. Registration District No. \_2/50 Local Registrar's No. \_ (If born in hospital or institution give name.) Hallibough 2. FULL NAME OF CHILD... 5 8. Date of 6. Premature 12 7. Legiti-each, 3. Sex birth... births 5. Number, in order of birth. Full term. mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden name < thelma Would ance 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)... PERMANENT (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 20 (years) 20. Color or race 15 21. Age at last birthday. (years) 18. Birthplace (city or place) Window YOU DWIG 22. Birthplace (city or place).... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, tawmill, bank, etc. work was done, as own home, lawyer's office, silk mill, etc. .. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) speht last engaged in this work 26. Total time (years) spent last engaged in this work K must in this work...... in this work..... WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. months Before labor. 30. Cause of still of the or weeks period of gestation ... During labor ... WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFT H. m. on the date above stated. (Born Alive of Stalborn) When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report..... Address . (Date of) Filed Nor 4 Rocistrar. Registrar.



	110501
	TE OF DEATH  Registered No. 116501
County of Registration I	hospital or institution
	Dist. No. 2120 give its name instead of street and number.
(Home, Hospital of Institution)	AF S NO.
Length of residence in County Yrs. Mos. Days where death occurred	How long in U. S. if of foreign Dirth?  Yrs. Mos. Days
Stillwitte Ida	Wilsugh
2. FULL NAME	
(a) Residence:	(If now resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, 5. Single, Married, Widowed,	21. DATE OF DEATH (month, day and year) UL - 13 /939
- mum	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divosced Husband of	19
(or) Wife of	I last saw halive onDeath is said
6. Date of Birth (Month, day and year)	to have occurred on the date stated above, at
Years   Months   Days   If less than 1 day	The principal cause of death and related causes of importance in order of onset were Yr. Mo. Day
7. AGE min.	as follows:
8. Trade, profession or particular kind of work done	Frame B
9. Industry or business in which work was done	megrory.
10. Date deceased last worked 11. Total time (yrs.) spent in	
at this occupation (month this occupation	
and year)	Contributory causes of importance not related to principal causes
12. BIRTHPLACE (City or Town, County and State, or Country)	
LDS Caspital - Take Tall	8/2 2000
13. NAME Robert Sail Idollibough	Where was disease first diagnosed?
14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation date of
" Wirdows i Monlaga	Condition for which performed
15. MAIDEN NAME Shilma Regiondo	What test confirmed diagnosis?
	Was there an autopsy? Was there an inquest?
16. BIRTHPLACE (City or Town, County and State, or Country)	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF MALT M Galleringh	(Check) Accident—Suicide—Homicide? Date of injury
INFORMANT WALLE	19 Where did injury occur?
(Address) 373 W/870	(Specify city or town, county and state) Check whether injury occurred in industry home public place
18. BUKIAL, CREMATION OR REMOVAL	Manner of injury
Place Difference Date 19	Nature of injury
19. UNDERTAKER Hung	24. Was disease or injury in any way related to occupation of
(Address)	deceased? If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	- MINV
	(SIGNED) M. D.
of the 193 by Registrar	(Address)
(Date) Registrar	

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

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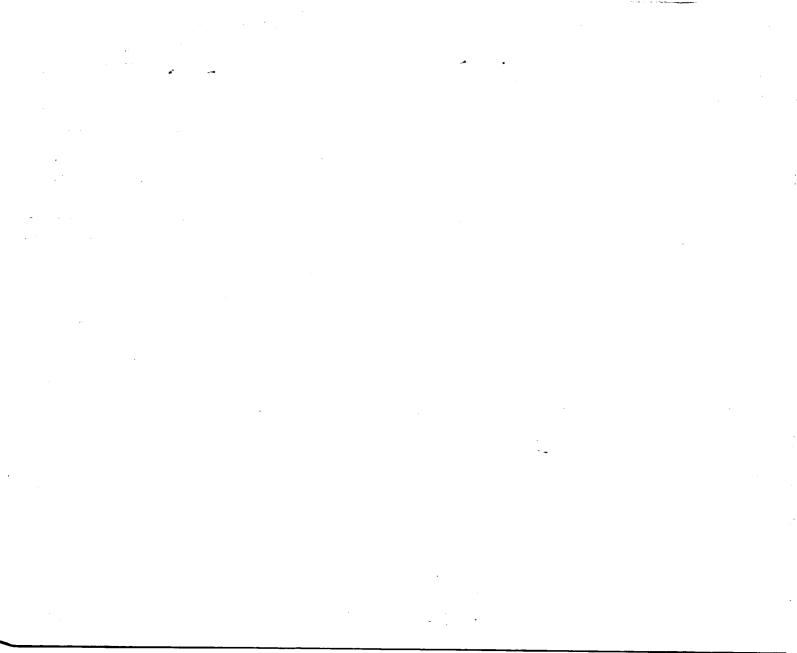
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ADDITIONAL SPACE	EOD EUDAN		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	************************		

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of Danes RUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH > 286496 (0 ' D State File No. ..... Registration District No. ... Prim. Registration District No. 1150 Local Registrar's No. 758 (If born in hospital or institution give name) FULL NAME OF CHILD 8. Date of 8. Premature. 7. Legiti-If plural (4. Twin, triplet, or other......) birth... 3. Sex births mate? (Month, Day, Year) Full term... 5. Number, in order of birth. MOTHER |18. Full/ FATHER 9. Full maiden name number name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Amail Adala, Alako (If non-resident, give place and state) 22. Birthplace (city or place).... 13. Birthplace (city or place). and (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular each, of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill. 24. Industry or business in which S S work was done, as own home, work was done, as silk mill, made lawver's office, silk mill, etc. \_\_\_\_ sawmill, bank, etc. 5 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work þe G INK-must be October 1929 in this work..... in this work 20 M 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return mi (At time of this birth and including this child) 28. Number of children of this mother Before labor..... months 29. If stillborn, 30. Cause of stillbirth..... or weeks During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn) When there was no attending physician \ (Signed) ..... or midwife, then the father, hoseholder, etc., ...., Midwife should make this return. Give name added from WRITE one child a supplemental report..... (Date of) Registrar. one Begistrar.



	back carefully	
	on p	
)	Explanations	
	Read	

1. PLACE OF DEATH STATE OF IDAHO — DIV	VISION OF PUBLIC HEALTH	Registered No
County of County of City of Calle Falls Primary Reg.  Local Registre	Dist. No. 2/50	if death occurred in hospital or institution give its name instead of street and number.
(Honfe, Höspital or Institution) Length of residence in County Yrs. Mos. Days	How long in U. S. if of foreign	Yrs. Mos. Days
2. FULL NAME Stellberth 27	omas/	EMOV
(a) Residence:	(If non-resident give city	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
3. MALE 4. White Black, or Divorced (write the word)	21. DATE OF DEATH (month, day and year)  22. I HEREBY CERTIFY, That I	et 22 1939
5a. If married, widowed, or divorced Husband of	19t	
(or) Wife of formal (or) Wife of formal (or) Wife of formal (or) Wife of formal (or) (or) (or) (or) (or) (or) (or) (or)	I last saw h alive onto have occurred on the date state	d above, at
(Month, day and year)  (Month, day and year)  (Month, day and year)  (Month, day and year)  (Action of the property of the pro	The principal cause of death an causes of importance in order of or as illows:	nset were   Date of Onset   As   Day   O
8. Trade, profession, or particular kind of work done	represe to sai	The man
9. Industry or business in which work was done		<u> </u>
10. Date deceased last worked 17. Total time (yrs.) spent in		FILED
and vest)	Contributory causes of importance related to principal causes	
12. BIRTHPLACE (City or Town, County and State, or Country)	None	
5 13. NAME Leage Dewley Thomas	Where was disease first diagnosed	, ID. 8. Horgi
14. BIRTHPLACE (City of Town, County and State, or Country)	Name of operation	date of
15. MAIDEN NAME (Atton) Laird	Condition for which performed	Clinical & Jah
16. BIRTHPLACE (City of Town, County and State, or Country)	Was there an autopsy?	Was there an inquest?
17 SIGNATURE OF THE PROPERTY OF	23. If death was due to external (Check) Accident—Suicide—Homic	
(Address) timel I daho		ity or town, county and state)
18. BURIAL CREMATION OR REMOVAL  Place Add Tarracta Date 177 1979	Check whether injury occurred in Manner of injury	industry nome public place
19. UNDERTAKER	Nature of injury	y way related to occupation of
(Address)	deceased?If so, specify	- 1
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	(SIGNED)	Clabory M. D.
on Coate) by Registrar	(Address)	alls fls.

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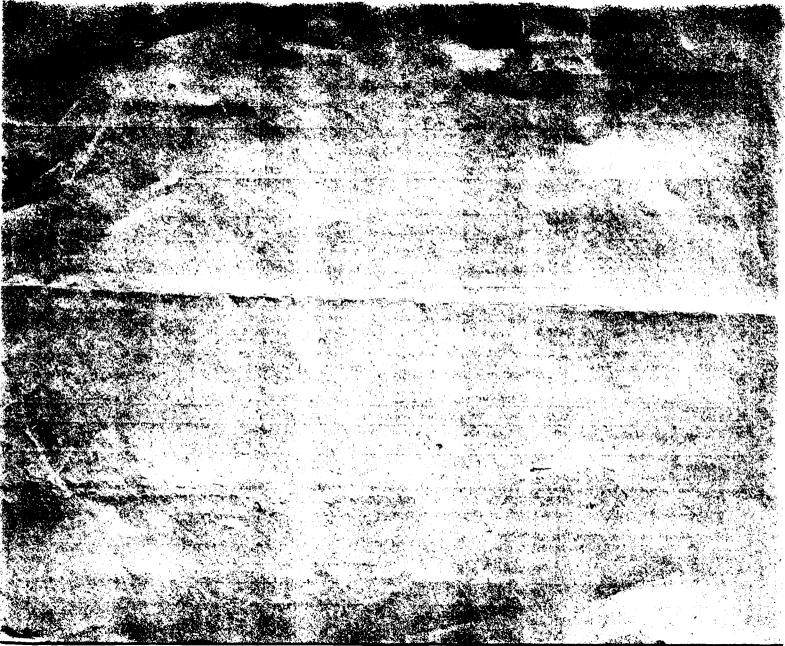
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Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
	·····		

PETENEL TE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of .... BUREAU OF VITAL STATISTICS. City of 222 CERTIFICATE OF BIRTH 286497 Registration District No. State File No. Local Registrar's No. 276 Prim. Registration District No. 2/9H (If born in hospital or institution give pare.) 2. FULL NAME OF CHILD...... 8. Date of 7. Legiti-If plural (4. Twin, triplet, or other..... 6. Premature births 5. Number, in order of birth..... Full term (Month, Day, Year) 9. Full MOTHER FATHER 18. Full maiden name 10. Residence (usual place of abode) Residence (usual place of abode) (If non-resident give place and State) (If non-resident, give place and State) 11. Color or race | 12. Age at last birthday 20 (vears) 20. Color or race 21. Age at last hirthday 13. Birthplace (city or place) 22. Birthplace (city or place) end (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner. sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, sawmill, bank, etc. ..... lawver's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) last engaged in this work 17. Total time (years) spent 26. Total time (years) spent last engaged in this work in this work... in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother UNE. During labor Y.V. months 29. If stillborn. 30. Cause of Stillbirth .... period of gestation 7 min CERTIFICATE OF ATTENDED TO THE COMMENT m. on the date above stated. When there was no attending physician (Signed) .... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.



PLACE OF DEATH STATE OF IDAHO PARTMENT OF PUBLIC WELFARE information DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS 116503 CERTIFICATE OF DEATH State File No..... Registration District No. 12/ Primary Registration District No 2/44 Local Registrar's No. 74 ö important. titution! zive its name in tead of street and number) (If death occurred in a hospital or mai 2. FULL NAME.... (a) Residence No. statement of OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. nos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. RECORD. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color on Race 21. DATE OF DEATH (month, day and y owed or Divorced (write 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced 14- 1939 to 10-14 HUSBAND of (or) WIFE of to have occurred on the date stated above, at 2 / m. 6. DATE OF BIRTH (month, day, and year) 10-14-If LESS than Months The principal cause of death and related causes of im-7. AGE Days 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc..... UNIFADING INK-THIS 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this (mo. and vr.) occupation ..... 12. BIRTHPLACE (city or town) Morelum (State or country) Name of operation.... What test confirmed diagnosis autopsy? >>0 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following should be carefully supplied. Accident, suicide, or nomioide?...... Date of injury 15. MAIDEN NAME 193..... Where did injury occur? On farm 16. BIRTHPLACE (city or town) plain terms, so that (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place Home Manner of injury..... 18. BURIAL, C Nature of injury 19. UNDERTAKER ... (Address) Registrar.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PERMATE OR EDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE SE RECEIVED County of Bingham. RURBAU OF VITAL STATISTICS more Fort Hall, Idaho. CERTIFICATE OF BIRTH City of..... ā **C8.89** ΗŘ Baby Girl Wetemphonne . 2. FULL NAME OF CHILD 8. Date of X 49 B H If plural (4, Twin, triplet, or other\_\_\_\_\_ 6. Premature.... 7. Legitibirth October I4 119 8. Sex Yes hirths mate? . 5. Number, in order of birth..... Full term X (Month. Day, Year) RECORD. Female MOTHER 18. Full 9. Full FATHER maiden name Julia Partrige Oscar Wettembonne name 10. Residence (usual place of abode) Fort Hall, Idaho
(If non-resident, give place and State) 19. Residence (usual place of abode) Fort Hall. Ida (If non-resident, give place and State)..... 11. Color or race. Sho. 4/4 Age at last birthday40 (years) 20. Color or race Sho. 4/4 | 21. Age at last birthday. 27 (years) 22. Birthplace (city or place) Fort Hall Idaho 13. Birthplace (city or place) Lemhi, Idaho (State or Country) (State or Country) 23. Trade, profession, or particular kind А РЕЈ еасћ, 14. Trade, profession, or particular of work done, as housekeeper, Housekeeper Farmer kind of work done, as spinner, typist, nurse, clerk, etc. \_\_\_\_ sawver, bookkeeper, etc. ..... 24. Industry or business in which Own home S is 15. Industry or business in which Own farm work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. .... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work NG INKin this work / 0 in this work 10 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... WITH UNFADING Separate Return mu 28. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living. 4. (b) Born alive but now dead. 5. (c) Stillborn 1. During labor..... or weeks 3776 30. Cause of Stillbirth 29. If stillborn. Undeturmed Before labor period of gestation. Undetermined CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillbory m. on the date above stated. (Born Alive or Stillborn) WRITE PLAINLY one child at birth a When there was no attending physician ? (Signed) or midwife, then the father, householder, etc., or Agency Physician. Midwife should make this return. Fort Hall, Idaho. Give name added from a supplemental report..... Filed NOV. 4. 1959. 193 Pm Halur (Date of) one Registrar. Registrar.



	PLACE OF DEATH STATE OF IDA	
a a ?	DEPARTMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE
atio H i tru		TATISTICS
information DEATH in See instruc-	City of Fort Hell, Idaho. CERTIFICATE OF	State File IVO
info DE See	Registration District NoI	2I-R
	Primary Registration District	No. 2194-R Local Registrar's No. 178
m m E (	(No. Fort. Hall Age	ncy Hospital) give its name instead of street and pumber  tenchone
Every item of the CAUSE OF ery important.	2. FULL NAME Baby Girl Wettebonne. LD 2	tembonne TEVED
cery CA V in	(a) Residence No Fort Hall, Idaho. (Usual place of abode)	st. <b>NOV 7 10</b> 00.
, B >	(Usual place of abode) Length of residence in city or town where death occurred.y	(If nonresident give city or town and state) s. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
DING NENT RECORD. HCIANS should s OCCUPATION is	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
ECORD should TION i	3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write	21. DATE OF DEATH (month, day and year) 193
RI FS	Female ShoInd.4/4 the word) Single	22 I HEREBY CERTIFY, That I attended deceased from
FOR BINDING PERMANENT R  F. PHYSICIANS PERMAN OCCUPA	5a. If married, widowed, or divorced HUSBAND of	Oct. II, 1939, to Oct. I4, 1939, 193.  I last saw h.er., alive on 193 : death is gaid
	(or) WIFE of	
MA MA	6. DATE OF BIRTH (month, day, and year) Oct. 14.39	to have occurred on the date stated above, The principal cause of death and related causes of im-
	1. AGE 1 day .Q. hrs.	portance were as follows:
FOR PEI	0 0 0 or	<i>Date of Gallet</i>
VED FO IS A P ACTLY.	kind of work done, as spinner, None	Stillborn 7 months premature
	kind of work done, as spinner, sawyer, bookkeeper, etc	
	work was done, as silk mill, saw mill, bank, etc	
N RES NK—TH stated fied. 1	kind of work done, as spinner, sawyer, bookkeeper, etc	Other contributory causes of importance:
GIN INI be st	(mo. and yr.) occupation	none
ARGIN R NG INK— Id be stat classified.	12. BIRTHPLACE (city or town) Fort. Hall Idaho	
MAR ADING should erly ck	(State or country)	Name of operation Date of
MARGIN RESER MARGIN RESER WITH UNFADING INK—THIS blied. AGE should be stated EX may be properly classified. Exa	13. NAME Oscar R. Wettebonne 14. BIRTHPLACE (city or town) Fort Hall Idaho (State or country)	What test confirmed diagnosis? Was there an autopsy?
HI (	14. BIRTHPLACE (city or town) Fort Hall Idaho (State or country)	23. If death was due to exter'l causes (violence) fill in also the following:
AINLY, WITH that it may fortificate.		Accident, suicide, or homicide? Date of injury
	15. MAIDEN NAME Julia Partrige	193 Where did injury occur?
AINLY, WIT fully supplied that it may f certificate.	15. MAIDEN NAME Julia Partrige  16. BIRTHPLACE (city or town) Ft. Hall Idaho (State or country)	(Specify city or town, county, and state)
		Specify whether injury occurred in industry, in home, or
recover the careful section of the control of the c	17. INFORMANT Hospital Records	in public place
ITTE be o	18. BURIAL, CREMATION OR REMOVAL	Nature of injury
3.—WRITE PL should be caref plain terns, so tion on back o	Place Fort Hall Ida Date Oct 14,, 193.9	24 Was disease or injury in any way related to occupation
B.—Shot plain tion	19. UNDERTAKER Agency Carpenter, (Address) Fort Hall, Ideno.	of deceased? // NO If sof specify
Z Z	20 FILED Nov. 4 193/9 / Mo / Falus & 1.	elic (Signed) at Erman V. School D.
<b>1</b>	Registrar.	(Address Fort Hall, Idaho. )

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

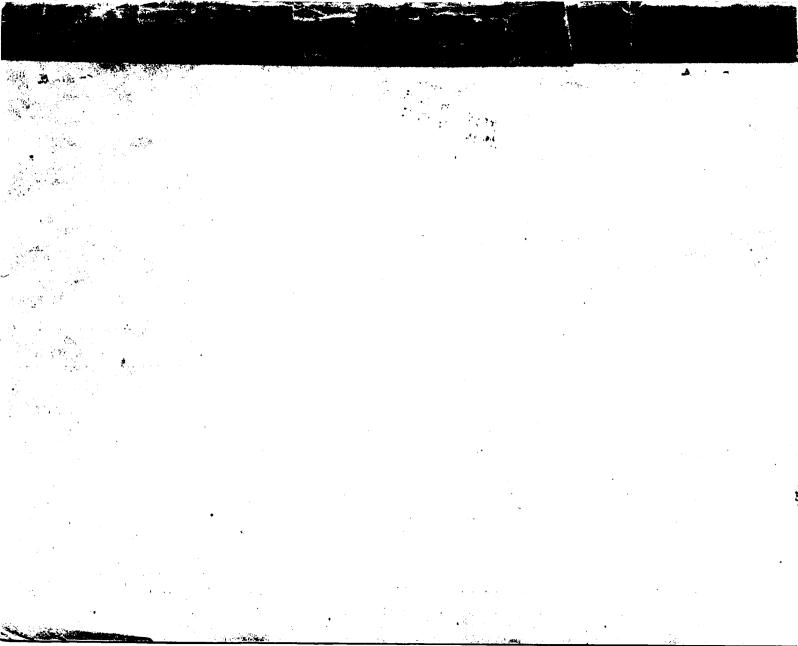
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

LACE OF BURTH OF IDABO DEPARTMENT OF PUBLIC WHILFARE County of U OF VITAL STATISTICS City or Dlack Looff Registration District No. State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2/4 Loce! Registrar's No. Koberlson 2. FULL NAME OF CHILD. 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature.\_\_\_\_ 7. Legiti-3. Sex birth Oct births [5. Number, in order of birth..... Full term 11 e 5 mate? Female (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden name Namex 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Disch Poot (If non-resident, give place and State) Volcack Loat 13. Birthplace (city or place) LOKC Shore, Utah 122. Birthplace (city or place) (AYK O. - Ma (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work 30 U Y. in this work.... <u>4</u> 19.7. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living /O. (b) Born alive but now dead. (c) Stillborn. 29. If stillborn. months During labor..... 30. Cause of Stillbirth ..... period of gestation..... or mooling Before labor UCS Thrombosis of cord CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Still born at 1230 m, on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., \ should make this return. Black for Give name added from a supplemental report..... Address .... Registrar. Registrar.



STATE OF IDAHO DCCUPA-PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE county of Bingham RECORD. Every item PHYSICIANS should st BUREAU OF VITAL STATISTICS city of blacks CERTIFICATE OF DEATH State File No..... Registration District No... Local Registrar's No. 169 Primary Registration District No. 2/9/ (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No. 15/ack Poot (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERMANENT EXACTLY PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE **OF** DI 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and ed or Divorced (write the temale deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 7. AGE Years Months Days The principal cause of death and related causes of importance 1 day ..... hrs. were as 2011ows: Date of onset 14 pe..... min. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc. ... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc. ..... 10. Date deceased last work- 11. Total time (years) supplied. spent in this ed at this occupation Other contributory causes of importance: (mo. and yx.) ...... occupation DEATH in plain terms, 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of... 14. BIRTHPLACE (city or town) halve Shore lateh What test confirmed diagnosis?..... Was there an autopsy? important. (State or country) 23. If death was due to exter'l causes (violence) fill in also the following: 15. MAIDEN NAME ennie Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_, 193 ... Where did injury occur? ......(Specify city or town, county, and state) 16. BIRTHPLACE (city or town) Mark City (State or country) Specify whether injury occurred in industry, in home, or in 17. INFORMANT CAUSE OF public place. (Address) Manner of injury..... 18. BURIAL CREMAT Nature of injury..... TION 24. Was disease or injury in any way related to occupation of Black (Address) Registrar.

RINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of varlous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired
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to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms,
as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or paricular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

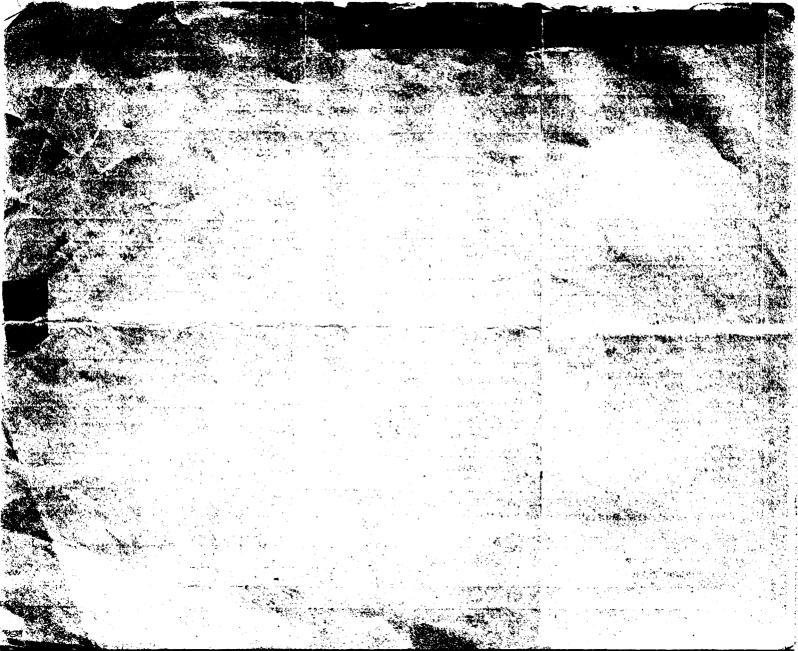
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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN		
	•••••			
			***************	
			·····	
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 28650 birth CERTIFICATE OF BIRTH No. Registration District No State File No. ..... B 4 3 Local Registrar's No. Prim. Registration, District No. .. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of If plural 4. Twin, triplet, or other...... 6. Premature.... 7. Legiti-8. Sex mate? \_4 5. Number, in order of birth. Full term NT RECORD. (Month, Day, Year) larence N FATHER Wolchimer 118. Full maiden name (If non-resident, give place and State). Homedale odo 10. Residence (usual place of abode) (If non-resident, give place and State). 19. Residence (usual place of abode) 11. Color or race 12. Age at last birthday 49 (years) 20. Color or race. | 21. Age at last birthday. (years) 13. Birthplace (city or place). York one branka 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind Nouse fee 14. Trade, profession, or particular kind of work done, as spinner, Harmen of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. T of work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as own home, work was done, as silk mill. sawmill, bank, etc. ..... 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent 2 last engaged in this work in this work 11 my now working 19 in this work... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 4..... (b) Born alive but now dead....... (c) Stillborn 1..... Before labor..... 29. If stillborn. months 30. Cause of Stillbirth ..... During labor or weeks period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 7:50 /m. on the date above stated. I hereby certify that I attended the birth of this child, who was \_\_\_\_still a. (Born Alive or Stillborn) When there was no attending physician > or midwife, then the father, householder. etc.. should make this return. Give name added from Address name chil a supplemental report..... (Date of) Registrer.



I. PLACE OF BEATH	<b>CERTIFICA</b>	TE OF DEATH	cylotel ed. 110
County of Langue		'/	if death occurred in hospital or institution
City of	mary Reg.	Dist. No. 2000	hospital or institution give its name instead of street and number.
Samueritha Hospa	Bocal Registr	ar's No. / 3	street and number.
Length of residence in County where death occurred	Yes Days	Dist. No. 2006 ar's No. 132  How long in U. S. if of foreign birth?	Yrs. Mos. Days
Where death occurred	<del></del> '	( ) ( ) ( )	
	Insent	- Mc Whenou	
2. FULL NAME	1 1/10 /-		
(a) Residence:	le Harris	(If non-resident give city or	county and state)
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3. MALE 4. White, Black,	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year)	19-39
FEMALE Yellow, Red	or Divorced (write the word)	22. I HEREBY CERTIFY, That I at	
5a If married, widowed, or divorced		1	19
Husband of (or) Wife of 6. Date of Birth (Month, day and year)			19 Death is said
6. Date of Birth		I last saw h alive on	
(Month, day and year)	2 <i>9~37</i>	to have occurred on the date stated a The principal cause of death and	related Date of Onset
3   Years   Months   Day		causes of importance in order of onse	t were   Date of Oriset
7. AGE		as follows:	
7. AGE   C   C   C   C   C   C   C   C   C	r kind of work done	7.01 6.10.11	
		sug pour	
9. Industry or business in which	work was done		
11 💯 1			
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, C	11. Total time (yrs.) spent in this occupation	***************************************	
E IO		Contributory causes of importance no	t
and year)	county and State or Country)	related to principal causes	
12. BIRTHPLACE (City of 10wa, C			
Mampa Jala		***************************************	
	inner	Where was disease first diagnosed?	
14. BIRTHPLACE (City or Town,	County and State, or Country)	Name of operation	
13. NAME 4 11. BIRTHPLACE (City or Town,		Condition for which performed	
15. MAIDEN NAME		What test confirmed diagnosis?	
16. BIRTHPLACE (City or Town,	County and State, or Country)	Was there an autopsy? Wa	is there an inquest?
Dehane Wa	AHI	23. If death was due to external cau	ses, fill in also the following:
17. SICHATURE OF	10 Manne	(Check) Accident—Suicide—Homicide	
	· IdAho /_		or town, county and state)
(Address) (A)		Check whether injury occurred in ind	
11 <b>-3</b> /	Date 5-2 19.17	Manner of injury	ustry nome public place
Place	Date 1837		
19. UNDERTAKER	eluna	Nature of injury	ray related to occupation of
(Address)	Aleka		
20. FILED AND BURIAL OR REM	WAT DEDWIT TOUTIEN	deceased? If so specify	1
20. FILED AND BURIAL OR REMO	VAL PERMII ISSUMD	I UN O DIAS	(9//1/)
( 10 M G 1	ida Stodeens	(SIGNED)	<b>M</b> . D.
(Date) by	Registrar	(Address) / ampa	Jauno
	***************************************		

Write Plainly with Unfading Ink-This is a permanent record

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

-----

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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EXAMPLE I		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

OHADI TO TOTAL PRACE OF EN DEPARTMENT OF PUBLIC WELFARE anuon BUREAU OF VITAL STATISTICS County CERTIFICATE OF BIRTH City of No. 6 - State File No. 2 Local Registrary No Prim. Registration Distri (If born in hospital or institution give pame, MULL NAME OF CHILD Date of If plural [4. Twin, triplet, or other... Premature... 7. Legitibirth births (Month, Day, Year) 5. Number, in order of birth. Full term ... mate? MOTHER 18. Full FATHER Wasti maid name ronu. name 10. Residence (usual place of abode)
(If non-resident, give place and State) Residence (usual place of abode) (If non-resident, give place and States | 12. Age at last birthday 24 (vears) 20. Color or race 21. Age at last birthday years 11. Color or race .... 22. Birthplace (city or place). 13. Birthplace (city or place). (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. ... sawmill, bank, etc. ..... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work..... ...... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living ..... (b) Born alive but now dedd... months 29. If stillborn. 30. Cause of Stillbirth ..... or weeks During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \_\_\_\_at\_\_\_\_ m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Bern Mire or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. ..., Midwife Give name added from Address a supplemental report..... (Date of) Registrar.

parel over their a street mech what in mechanistic of deliving and was compressed between baby cheer of mother selvin causing haby to health and drown before delivery. HPB

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

Registrar

1114 121 2

1. PLACE OF DEATH

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

ICATE OF DEATH

(SIGNED) . (Address)

If so, specify

BEFORE FILED BE MUST

Days

Begistered No..

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EVAMPLE I

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- 10.—The month and year the deceased last worked at the occupation.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

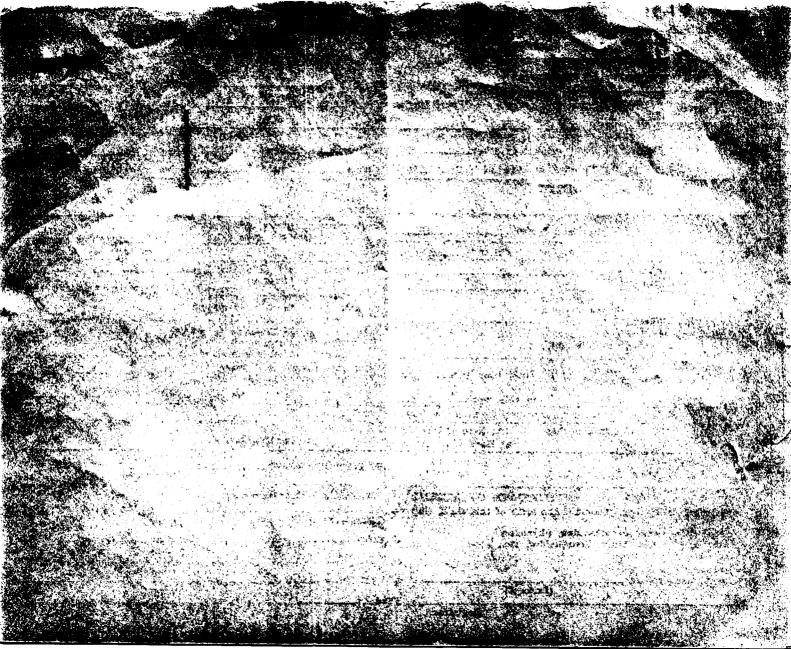
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ESTABLISH TO THE

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
	***************************************		******
		* ···· ·······························	,

County of Garages	13 1939 BUREAU OF VITAL STATISTICS OERTIFICATE OF BIRTH
City of Gallfuell	OV 13 CERTIFICATE OF BIRTH CONCERNS
No.	ration District No. State File No.
	Registration District No. Local Registrar's No.
/ OLIGHT	
3. Sex If plural \( \) 4. Twin, triplet, or other	6. Premature 7. Legiti- 8. Date of birth 5 eld 21, 1989
Malo births 5. Number, in order of birth	Full term mate? Mes (Month, Day, Year)
9. Full FATHER	18. Full MOTHER
name Marion Lee Nolson	name Roberta Mae Vance
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race. Uh,   12. Age at less birthday. 24	(years) 20. Color or race 21. Age at last birthday
13. Birthplace (city or profitting)	22. Birthplace (city or place) Latticada
(State or Country)	(State or Country)
14. Trade, profession, or particular kind of work done, as spinner,	23. Trade, profession, or particular kind of work done, as housekeeper,
sawyer, bookkeeper, etc.	
☐ 15. Industry or business in which work was done, as silk mill.	24. Industry or business in which work was done, as own home,
sawmill, bank, etc.	lawyer's office, silk mill, etc.
16. Date (month and year)   17. Total time (years)	spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent
Present 1939 in this work 60	o Tresent 1939 in this work 2 years
27. What prophylactic was used to prevent Ophthalmia	Neonatorum?
28. Number of children of this mother  (At time of the second of the sec	is birth and including this child) and now living
29. If stillborn, period of gestation	1   30. Cause of Schiolring Light Court
•	During labor
CERTIFICATE OF ATTE	ENDING PHYSICIAN OR MEDWIFE who was Still born at 5: 45 Rm. on the date above stated
I hereby certify that I attended the pirth of this child,	(Born Alive or Stillhorn)
When there was no attending physician or midwife, then the father, householder, etc.,	(Signed) M. D.
should make this return.	or
Give name added from a supplemental report	Address Caldwell
a supplemental report. (Date of)	_ 🚅
Registrar	
Thok in Mark	and a market.



MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

STATE OF IDA	
PLACE OF DEATH DEPARTMENT OF PUBL	IC WELFARE   DO NOT WRITE IN THIS SPACE
BUREAU OF VITAL S	TATISTICS 44CFO(
CERTIFICATE O	F DEATH   State File No. 11650 \
waldele CLINIII CAIL O	F DEAIN State File No
CERTIFICATE O	′- A
The gistration District No.	
Primary Bookstration District	No. Local Registrar's No. 49
Primary Registration District	No Hocal Registrars No
(If death occurred is a hospital or institution, giv	e its name instead of street and number)
	m. I
FULL NAME SULLOON ( )	
(a) Residence. No	SIA.
(Usual place of abode)	(If nonresident give city or town and state)
ength of residence in city or town where death occurred. yrs. n	nos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. Color, or Race   5. Single, Married, Widow.	7 11 (
ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 193
(Mile Word)	A
a/If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
HUSBAND of	193 £, to
(or) WIFE of	7 2 4 7 1 100 9 1 200 10 All
DATE OF BIRTH (month, day, and year)	I last saw h on Jay
Les 2 1939	to have occurred on the date stated above, atm.
AGE Years Month Days If LESS than	The principal cause of death and related causes of impor-
	tance were as follows: Date of onset
or min.	
8. Trade, profession, or particular	100 mg
	nematurity (6 me)
snwyer, bookkeeper, etc	0 -
work was done, as silk mill.	
saw mill, bank, etc	<b> </b>
10. Date deceased last work- ed at this occupation spent in this	
ed at this occupation spent in this (mo. and yr.)	Other contributory causes of importance:
- Constant of the constant of	
12. BIRTHPLACE (city or town) aldull	900
(State or country)	#  ·······
VY 1 1 LY 1	
13. NAME TOURS LEVEL OF	
The Title of the t	Name of operation Date of
14. BIRTHPLACE (city or to the life of the	What test confirmed diagnosis? Was there an autopsy?
(State or country)	What test confirmed diagnosis:, was there an autopsy v.
Halut m. Al.	23. If death was due to exter'l causes (violence) fill in als
15. MAIDEN NEW COLLEGE COMME	the following:
The property of the state of th	Accident, suicide, or homicide? Date of injury, 193
16. BIRTHPLACE (city or town the Country)	Where did injury occur?
(State or tounity)	(Specify city or town, county, and state)
17. INFORMANTE	Specify whether injury occurred in industry, in home, or i
(Address)	public place.
18. BURIAL PREMATION OR REMOVAL	<u> </u>
IO. DOLLING CHENIOVAL	Manner of injury
Rlace Date Date	Nature of injury
Station De Malla 1	24. Was disease or injury in any way related to eccupation
19. UNDERTAKEN	
(Address)	8 6) 8 5 5 5 6 6
	(Signed) M. D
20 DILED / LOT / MANAGEMENT	
20. FILED Begistrar.	(Address) Culdwell, Schalo.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to reasonant. Ohldren not galatively employed may be returned as at school or at home. For a woman whose only occupation was that of home-nousework, write home-wife in master to Question 9. For a person engaged in domestic ser lee for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—heatel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

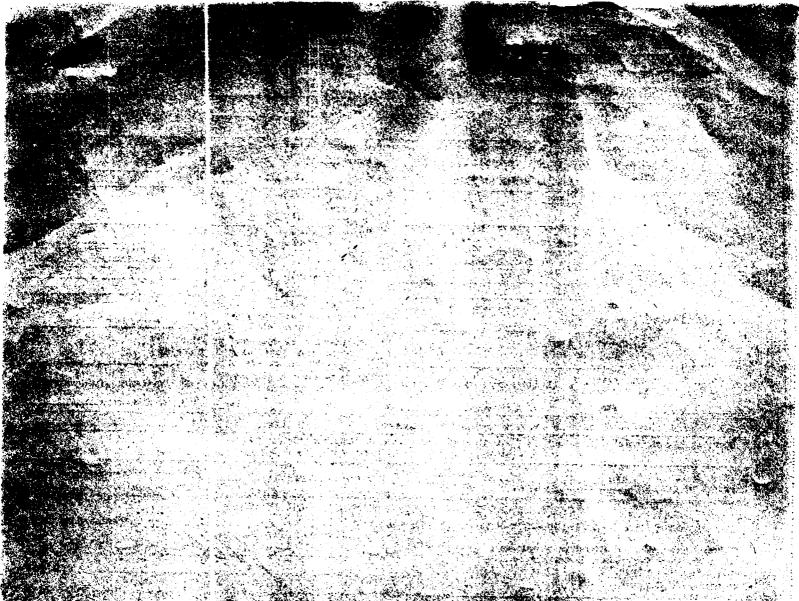
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, wearer, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. Store the particular kind of store, factory, mill, etc., as general store, shap factory, extent with etc.

Distinguish carefully the different kinds of engineers by stating the full developive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the enget occupation, as can are repetitive, reachinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sails goods should be called a calculate and not a clerk.

Statement of cause of death.—Cause of death means the discess, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, aschenia, etc. As principal cause name fire disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important discess or injuries. Examples:

EXAMPLE I	*	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	and of enor	The PRINCIPAL CLUSE OF DEATH and related causes of importance were as follows:	Buttolonse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by sheet car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT!	HER STATEMENTS BY PHYSICIAN	



PLACE OF DEATH		NT OF PUR	LIC WELFARE -	DO NOT WRITE IN T	HIS SPACE
County of Canyon			STATISTICS	140	
City of Caldwell, Idaho			OF DEATH	State File No. 116	500
	Hegistration Di	strict No.	50		• /
	Derive over Docted	mation Distri	-4 NT-	Local Registrar's No	120
·	Filmary Regist	ration Distri	, , , , , , , , , , , , , , , , , , ,	Local Registrars No	
(If death occurred		institution e	ive its name instead	of street and number)	
2. FULL NAME S					
(a) Residence. No. c/o				st Caldwell, Idal	ho
(Usual place of abode) Length of residence in city or tow			(If nonne	eldent give city or town a	nd state)
PEBSONAL AND STATIS				AL CERTIFICATE OF DE	ATH
3. SEX 4. Color or Ra	ce 5. Single, Mar ed or Divorce	ried, Widow	21. DATE OF DE	ATH (month, day and year	) 10-28 1939
Male White	word)			ERTIFY, That I attended	
5a. If married, widowed, or di- HUSBAND of	vorced		1	, 193, to	
(or) WIFE of 6. DATE OF BIRTH (month, d			1	alive on 193	
	ay, and year)		II	on the date stated above,	
7. AGE Years Months	Days	If LESS tha	LI	use of death and related ca	
	1	1 day, hr	13	follows:	Date of onset
8. Trade, profession, or part	loulan	or mi		mix months	-
kind of work done, as	minner		premature		.
sawyer, bookkeeper, etc. 9. Industry or business in v	which	• • • • • • • • • • • • • • • • • • • •	·		.
work was done, as silk n	nill,				•   • • • • • • • • • • • • • • • • • •
2 10. Date deceased last work	- 11. Total time	(years)			
ed at this occupation (mo. and yr.)	n spent in thi occupation		Other contribu	tory causes of importance:	ļ
12. BIRTHPLACE (city or tow	caldwell	, Idaho	— <u> </u>		
(State or country)	VII)				.
13. NAME Elmer A. W	alkenhorst	•			.
E 14 PIRMINI AGE (114		aka	Name of operation	on	Date of
14. BIRTHPLACE (city or State or country)	town)Neura	s.r.g	What test confirm	ned diagnosis? Was ther	re an autopsy?
13. NAME Elmer A. W 14. BIRTHPLACE (city or (State or country)  15. MAIDEN NAME Mary 16. BIRTHPLACE (city or	Jo Clemens		the following:	due to exter'l causes (viole	
16. BIRTHPLACE (city or	town) Tdaho			, or homicide? Date	of injury, 193.
(State or country)	town)ATHTP.		Where did inju	ry occur? Specify city or town, county	y, and state)
17. INFORMANTElmer. A	Walkenhor.	st	. Specify whether	injury occurred in industry	
(Address) 1314 EV	erett Stree	t, Caldwe		• • • • • • • • • • • • • • • • • • • •	
1		. 109	11	r <b>y</b>	
Place		1 16 193	24. Was disease	or injury in any way relat	ed to occupation
19. UNDERTAKERFat	nerical Ma	unice and the		It by specify	
20 EILED	Mana	Of me	(Signed)	Jelle Love	M. D.
20. FILED, 193	NACHERON, T.	Registrar.	(Address	Y.M. Cole, M.	∵Tďa ho∵····

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

CVAMDIE I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

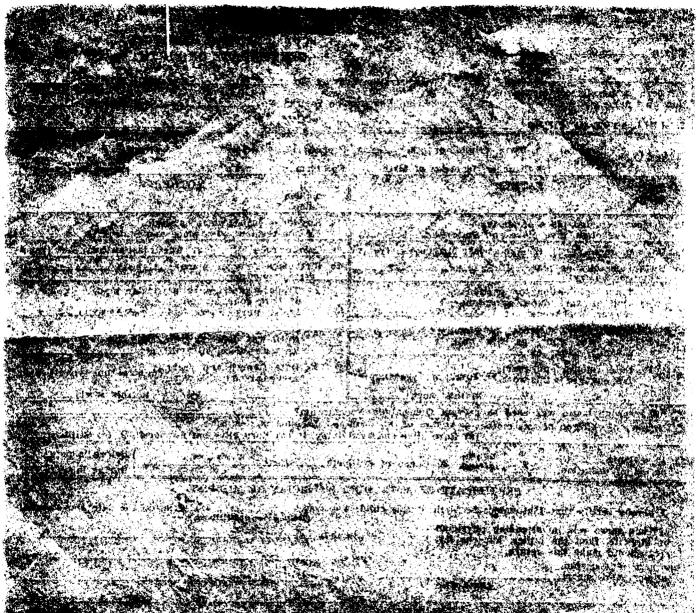
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Statement of cause of leath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAM LE I		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	§

PLACE OF BIRTH RUP PUBLIC WELFARE County of Dance BUREAU OF VITAL STATISTICS. City of Tonocall Registration District No. 340 State File No. No St. Jean Jos (If born in hospital or institu-Prim. Registration District No. Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD 7. Degiti-(f plural 8. Date of/ 3. Sex // births birth. 5. Number, in order of birth..... Full term mate?...... FATHER 18. Full TOTHER 9. Full maide name In chair titchen name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) have level (If non-resident, give place and State) hand Con-11. Color or race. 12. 12. Age at last birthday 11. (years 20. Color or race. 121. Age at last birthday. 3.3. (years) 13. Birthplace (city or place) alma Cala. 22. Birthplace (city or place) Assass Sugar (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeepar, typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill. lawyer's office, silk mill, etc. sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.....(b) Born alive but now dead....(c) Stillborn..... 30. Cause of stillbirth. Andrower Before labor..... 29. If stillborn, During labor period of gestation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was at ati... n. on the date above stated. When there was no attending physician ; or midwife, then the father, householder, etc., should make this return. Give name added from Registrar.



N. B...WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. •

	PLACE OF DEATH	STATE OF ID.			
1		DEPARTMENT OF PUBI		DO NOT WRITE IN THIS SPACE	
Co	inty of Len	BUREAU OF VITAL	· ·	116510	
ii	y or Thumett	CERTIFICATE O		State File No.	
		Registration District No. 3	40		
		Primary Registration Distric	t No	Local Registrar's No	
i	(7.4.313	(No		tood of man (Ad number)	
l	/ // //	urred in a hospital or institution	n, give its name ins	tead of the training number)	
2.	FULL NAME	very May Witch	reig	ALC:	
	(a) Residence. No	my Secon Hospita		Stat 8 1923	
Ι.Δ:	(Usual place of abode) ogth of residence in city or town	where death occurred VIS	(If nonrel	th give city or town and state) Th U.S., if of foreign birth? yrs. mos. ds.	
			<del></del>		
<b>.</b>	PERSONAL AND STATIST		MEDIC	AL CERTIFICATE OF DEATH	
3.	SEX 4. Color or Race	e 5. Single, Married, Widow- ed or Divorced (write the word)	21. DATE OF DE.	ATH (month, day and year) Oct 3 1939	
	// // ///	1	11	ERTIFY, That I attended deceased from	
5	i. If married, widowed, or div HUSBAND of	orceu		., 193, to	
	(or) WIFE of	and year)	11	live on	
б.	DATE OF BIRTH (month, de	# 3:1939	II	on the date stated above, atm.	
7.	AGE Years   Months	Days If LESS than	11	se of death and related causes of impor-	
	St. Of - In at	1 day, hrs. or min.	tance were as	Date of onset	
	Jun 1000	<u> </u>	1001		
Z	<ol> <li>Trade, profession, or partic kind of work done, as sp</li> </ol>	inner,	suc su		
Ē	sawyer, bookkeeper, etc.		Cause.	anaroun.	
¥	<ol> <li>Industry or business in w work was done, as silk mi</li> </ol>				
CCUPATION	#aw mill, bank, etc  10. Date deceased last work_	11 Total time (vears)			
Ö	ed at this occupation	spent in this occupation	Other contribute	ory causes of importance:	
	(mo. and yr.)				
12	BIRTHPLACE (city or town	i) Unsigned			
æ	(State or country)	Digare			
FATHER	13. NAME John (	Statchey	No of onomotics	Date of	
Ę	14. BIRTHPLACE (city or to	own). allnota	()		
	(State or country)	_ Colo		ed diagnosis? Was there an autopsy?	
OTHER	15. MAIDEN NAME	of Winkeston -	ha following:	due to exter'l causes (violence) fill in also	
TH		own). Malheur Co	Accident, suicide,	or homicide? Date of injury, 198.	
Ò	16. BIRTHPLACE (city or to (State or country)	ONLY ON	Where did injury	y occur? pecify city or town, county, and state)	
17	(Address) 302 Pa	C Kitchey	Specify whether i	njury occurred in industry, in home, or in	
1:	B. BURIAL, CREMATION OR,				
•	Place. Connett	da Date Oct 4 1939	II .		
_	71).(	Buchmum	24. Was disease o	r injury in any way related to occupation	
1	(Address)	. Driver	of deceased?	<b>a</b>	
-	11/4 9	aner & Burnalel	(Signed)	M. D.	
2	0. FILED, 193	Registrar.	(Address)	dunit	
<u></u>			и		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to rethereout. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hetel, etc. For a person who has no occupation whatever write none.

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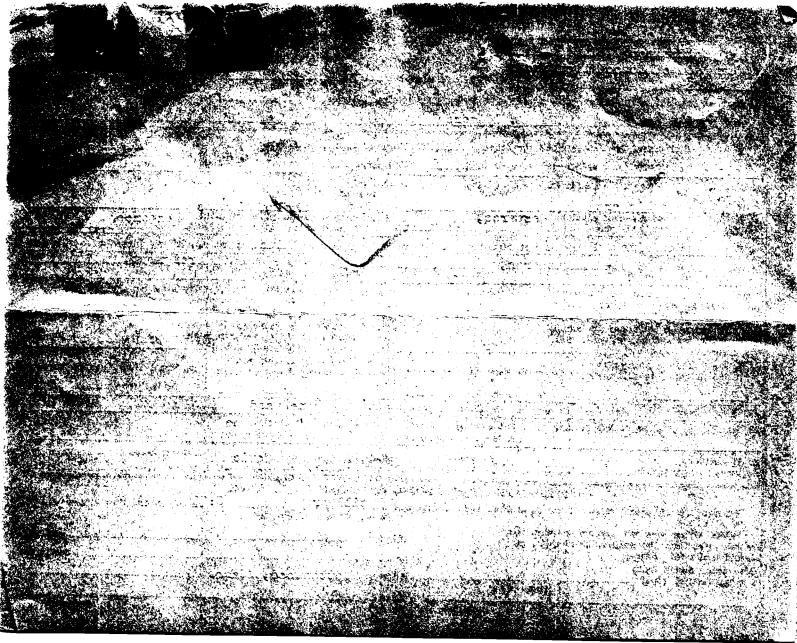
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EXAMPLE I		EXAMPLE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	• May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

than ated.	county of Idaho			
5 4	City of Cottonwood	Gif CERTIFICATE OF BIRTH		
of more than birth stated.		District No. 242 State File No. 286505		
der of	(If born in hospital or institution give name.) Prim. Regist	ration District No. Locs' Registrar's No. Ze		
B.—In in orde	2. FULL NAME OF CHILD Jay R. Riggers	8. Date of		
ach, in		Premature X 7. Legiti- Full term mate? Yes (Month, Day, Year)		
E.	9. Full FATHER	18. Full MOTHER		
8 2	nama	maiden		
E E	John Riggers	name The Ima Simmons		
H L	10. Residence (usual place of abode) Nezperce, (If non-resident, give place and State)	name The ma Simmons  19. Residence (usual place of abode) Negperce (If non-resident, give place and State)		
A PERMANENT RECORD. N. each, and the number of each,	11. Color or race White   12. Age at last birthday 30 (year	20. Color or race White   21. Age at last birthday 26 (years)		
3₹	13. Birthplace (city or place) Nezperce.	22. Birthplace (city or place). Craigmont. (State or Country) Idaho		
₹ g	(State or Country) Idaho			
힌적	14. Trade, profession, or particular	23. Trade, profession, or particular kind of work done, as housekeeper,		
A H	kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper		
	Marian was a second and a second a second and a second an	E 24. Industry or business in which		
S IS	work was done, as slik mill,	of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home  25. Date (month and year) last engaged in this work 26. Total time (years) spent		
THIS made	sawmill, bank, etc. Own Farm	lawyer's office, slik mill, etc.		
HB	sawmill, bank, etc. Own Farm  16. Date (month and year) last engaged in this work  17. Total time (years) spent	O last engaged in this work 26. Total time (years) spent		
₹ a	O last engaged in this work	il Ul		
西賀	in this work	Note wood		
ទ្ធ	27. What prophylactic was used to prevent Ophthalmia Neon	atorum? Nohe used		
WITH UNFADING INK-Separate Return must be	28. Number of children of this mother (a) Born alive and no	h and including this child) One ow living 0 (b) Born alive but now dead 0 (c) Stillborn 1		
<b>F</b> 8	29. If stillborn, months	30. Cause of StillbirthToxic During labor		
53	29. If stilloom, period of gestation 7 months or weeks	albuminuria in mother Before labor		
H	CHIPTHITICATHE OF ATTENTION	A DIMOTOLAN OB MIDWIFE		
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was Stillborn at3:30 m. on the date above stated.  (Born Alive or Stillborn)			
> 02	I hereby certify that I attended the birth of this child, who w	(Born Alive or/Stillborn)		
걸	When there was no attending physician	(Signed) Herley 3 Orc M. D.		
呂其	or midwife, then the father, hoseholder, etc.,	<del>-</del>		
4 7	should make this return.	or, Midwife		
E PLAINLY	Give name added from	AddressCottonwood, Idaho		
WRITE one child	a supplemental report(Date of)	Filed May 14 1989 31 3 Our		
RI	Rogistrar.	Filed Living Registrar.		
≥ 8	Polintar.	Leg 115		



PLACE OF DEATH  DEPARTMENT OF PUBLIC WELFA BUREAU OF VITAL STATISTICS  City of Control of Public Welfa  County of CERTIFICATE OF DEAT  Registration District No		DEATH  ###  ive its name instead	Local Registrar's No	16511
(a) Residence No(Usual place of abode)	naport de	St. (If n	onresident give city or town s	ind state)
Length of residence in city or town where	e death occurred. Dyrs. me	os. ds. How long in	U. S., if of foreign birth?	yrs. mos. ds.
PERSONAL AND STATISTICAL		MEDIC	AL CERTIFICATE OF DEA	TH
3. SEX 4. Color or Race 5.	Single, Married, Widow- or Divorced (write the	21. DATE OF DEA	TH (month, day and year)	2h1 1939
male lane "	rd) Infant	22, I HEREBY C	ERTIFY, That I attended	deceased from
5a. If married, widowed, or divorced HUSBAND of	26	***************************************	, 193, to	, 193
6. DATE OF BIRTH (month, day, and	year)	I last saw h al	ive on	: death is said
7. AGE Years   Months	Days   If LESS than	to have occurred or	the date stated above, at see of death and related cause	s of importance
0 0	O day hrs or min	were as follows:		Date of onset
(mo. and yr.)	Total time (years) spent in this occupation	Other contribut	function with a constraint of the constraint of	Rogan sub intertal
12. BIRTHPLACE (city or town) (State or country)	Idale Hope			
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)	supple we Idalo	What test confirm  23. If death was defollowing: Accident, suicide, of the work of the wor	ed diagnosis? Was there ue to exter'l causes (violence or homicide? Date of occur? (Specify city or town, count; njury occurred in industry,	an autopsy?
18. BURIAL, ORBITATION OR MINISTER OF THE PROPERTY OF THE PROP	Date Oct., 193.9	Nature of injury.  24. Was disease of deceased	r injury in any way related	to occupation of
20. FILED 2 193 9	By B Registrar.	(Addres	es) extensive	vet & Ida

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done
- 10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

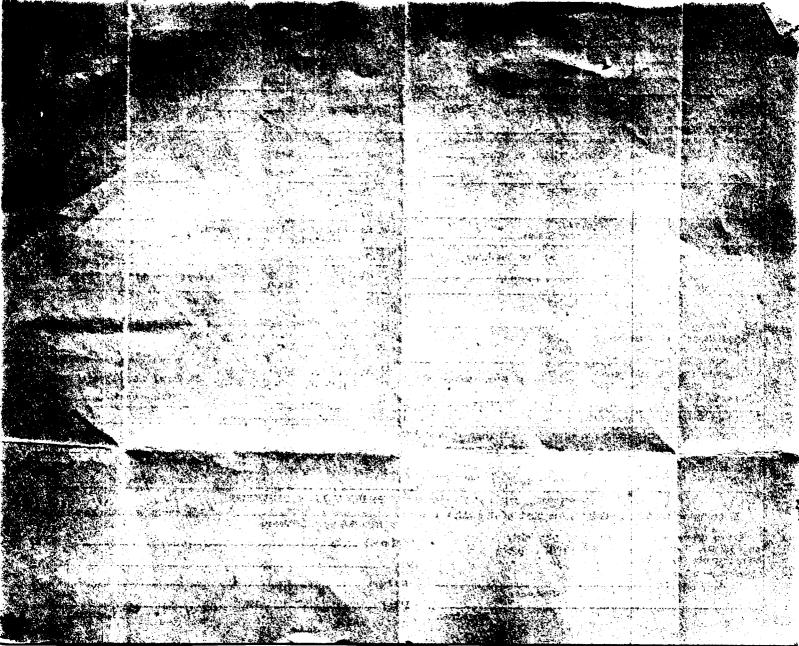
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago	
			3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	ľ	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE I	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
			·	
	•		***************************************	
	******************			
	***************************************			

K	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 286506
No	CERTIFICATE OF BIRTH
1	born in hospital or institution give name.) Prim. Registration District No. 2/76 Local Registrar's No. 15/10/10/10/10/10/10/10/10/10/10/10/10/10/
8,5	Male   If plural   4. Twin, triplet, or other   6. Premature   7. Legitibirth   5. Number, in order of birth   Full term   mate?     (Month, Day, Year)
	Parence C. Willert 18. Fill maiden name Ruly M. Johnson
	Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) (If non-resident, give place and State)
	Color or race. U   12. Age at last birthday 2 (years) 20. Color or race. U   21. Age at last birthday 2 (years)  Birthplace (city or place) 22. Birthplace (city or place) (State or Country)
Z	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
UPATT	work was done, as silk mill, sawmill, bank, etc. work was done, as own home, lawyer's office, silk mill, etc.
8	last engaged in this work 11. Total time (years) spent   0   last engaged in this work   20. Total time (years) spent
	What prophylactic was used to prevent Ophthalmia Neonatorum?
-	Number of children of this mother  (At time of this birth and including this child)  (a) Born alive and now living
29.	If stillborn, period of gestation weeks or weeks 30. Cause of Stillbirth During labor
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 9.30 m. on the date above stated.  (Born Alive or Stillborn)
or	When there was no attending physician midwife, then the father, householder, etc., and make this return.  (Signed)
	re name added from
a.s	(Date of)  (Date of)  Address  Oct 15 1009 Min (A Cabasell
	Filed 1987 Man Consulta



Charles Carling PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE information See instruc-County of Jefferson DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS DEATH City of Ririe State File No. 11651 CERTIFICATE OF DEATH Registration District No..... Primary Registration District No. 2/76 Local Registrar's No.... ㅎ statement of OCCUPATION is very important. state CAUSE (If death occurred in a hospital or institution, give its name instead of street and number) Baby Willert. 2. FULL NAME (a) Residence No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. RECORD. should PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and yeal 0-11193 9 owed or Divorced (write Male White 22 I HEREBY CERTIFY, That I attended deceased from the word) 5a. If married, widowed, or divorced 10-11-39, 193, to, 10-11-39, 193 HUSBAND of I last saw have all on /4 1937; death is said (or) WIFE of to have occurred on the date stated above, a 30P m 6. DATE OF BIRTH (month, day, and year) 10-11-1939 The principal cause of death and related causes of im-If LESS than Months Days 7. AGE Years or ...... min. portance were as follows: (9:30 PM 0 0 Date of onset 8. Trade, profession, or particular 10-11-3 kind of work done, as spinner. sawyer, bookkeeper, etc..... UNFADING INK-THIS 9. Industry or business in which work was done, as silk mill, be stated saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: ed at this occupation spent in this none (mo. and yr.) ..... occupation ..... Ririe, Idaho. 12. BIRTHPLACE (city or town)... (State or country) Name of operation Date of Date of Clarence Chas. Willert. What test confirmed diagnosis?..... Was there an 13. NAME autopsy?.... 14. BIRTHPLACE (city or town) Elgin, Ill. 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: should be carefully supplied. Accident, suicide, or homicide?..... Date of injury\_\_\_\_\_ 15. MAIDEN NAME Ruby May Johnson. 193..... Where did injury occur?.... 16. BIRTHPLACE (city or town) Labelle. Ida (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT CLASSICE in public place (Address) Ririe, Ida. Manner of injury 18. BURIAL CREMATION OR REMOVAL Place helton, Ida Date 10-11 Nature of injury.... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? If so specify (Address) Rigby, Ida (Signed) .. MisaBE ż

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.--The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

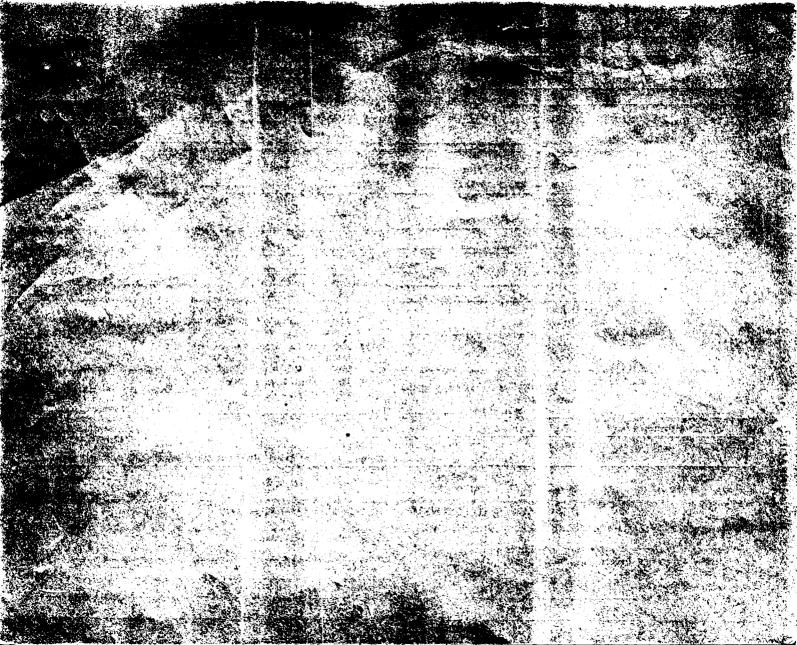
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

ore than stated.	1. PLACE OF BIRTH  County of City of Calculation RECEIVED DEPARTMENT OF PUBLIC WELFARE 286507  City of Calculation County of Calculation County of County of County of Calculation County Co
of mo	No. 93.5 - 5 - 8t. St. 1939 CERTIFICATE OF BIRTH St. Registration District No. 30 State File No.
In case order of	(If born in hospital or institution give name,) Prim. Registration District No. 115/Local Registrar's No. 319
D. N. B.— each, in c	3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legiti 8. Date of birth birth 5. Number, in order of birth Full term mate? Uponth, Day, Year)
RECOR.	9. Full name John Bennett Kelly name Daryl agren Shurtleff
	10. Residence (usual place of abode) (If non-resident, give place and State) 320 & 16 26  (If non-resident, give place and State) 320 & 16 26
the	11. Color or race.   12. Age at last birthday 25 (years) 20. Color or race.   21. Age at last birthday 24 (years)
PERMANENT ch, and the nu	13. Birthplace (city or place) 22. Birthplace (city or place) (State or Country) Cocatella Sa (State or Country)
A 89	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
THIS IS made for	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc
4 B	16. Date (month and year)   17. Total time (years) spent   25. Date (month and year)   26. Total time (years) spent   26. Total time (years) spent   27. Total time (years) spent   28.
G INK must b	27. What prophylactic was used to prevent Ophthalmia Neonatorum?
UNFADING te Return m	28. Number of children of this mother  (At time of this birth and including this child)  (a) Born alive and now living (b) Born alive but now dead (c) Stillborn
H \$	29. If stillborn, period of gestation 7 Mu. { months or weeks   30. Cause of stillbirth   Before labor During labor During labor
g WIII a Sepa	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was stated.  (Born Alive or Stillborn)  (Born Alive or Stillborn)
PLAINL	When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.  (Signed)
Id a	Give name added from a supplemental report Address Count Midwife
WRITE one chil	(Date of) Filed 19-23. 1989 A Kewcomfa W.N.
WR	Registrar.  Registrar.



	_ Dr. Henson 11ce1
1. PLACE OF DEATH STATE OF IDAHO — DI	ivision of public health Registered No. 11651.
County of KOO tenai Regionation	Dist. No. 30  If death occurred in hospital or institution give its name instead of
	rar's No. 198 street and number.
Length of residence in County Where death occurred Days	How long in U. S. if of foreign Yrs. Mos. Days  (If non-resident rive city or county and state)
2. FULL NAME Infant Kelly (Mal	<u>a)                                    </u>
(a) Residence: Coeur d'Alene Idaho	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, 5. Single, Married, Widowed, FEMALE Yellow, Red or Divorced (write the word)	21. DATE OF DEATH (month, day and year) September 1, 1939
Male White Single	22. DHEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced Husband of	1939, to Sept 1. 1939
(or) Wife of	I last saw h. allo Shibirth 19 Death is said
6. Date of Birth (Month, day and year) September 1, 1939	to have occurred on the date stated above, at
Years   Months   Days   If less than 1 day	The principal cause of death and related Date of Onset
7. AGE 0 0 0 hrs. 0 min. 0	as follows:
8. Trade, profession, or particular kind of work done	
None	Dellevelt labor from
9. Industry or business in which work was done	Welhosetion Proserve
9. Industry or business in which work was done  10. Date deceased last worked   11. Total time (yrs.) spent in at this occupation (month   this occupation	Milhagetern Tressure
10. Date deceased last worked at this occupation (month this occupation	
and year)	
12. BIRTHPLACE (City or Town, County and State, or Country)	Contributory causes of importance not related to principal causes
Coeur d'Alene, Idaho	
5 13. NAME John Bennett Kelly	
13. NAME JOHN DERINGUE ACTLY  14. BIRTHPLACE (City or Town, County and State, or Country)	Where was disease first diagnosed?
Pocatello, Idaho	Name of operation date of
	Condition for which performed
15. MAIDEN NAMEDARYL Shurtleff	What test confirmed diagnosis?
16. BIRTHPLACE (City or Town, County and State, or Country) Lewisville, Ldaho	
17. SIGNATURE OF COLUMB .	23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury
(Address) Coeur d'Alene, Idako	, 19 Where did injury occur?
18. BURIAL, CREMATION OR REMOVALFORST Cam'ty	(Specify city or town, county and state)
PlacCoeur d'Alene, Ida, Date 9/2/19.39	and the second s
	Manner of injury
19. UNDERTAKER MOONEY MORTUARY.	24. Was disease or injury in any way related to occupation of
(Address) Coeur d'Alene, Idaho	
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased? If so, specify
1/1/ 1/2 1	(SIGNED) Aug Henry, 78 D.
on 9-5 1932 by Alexander M. A.	(Address) Ward Alene Sohn

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE I

- 8.-The trade, profession or particular kind of work done.
- 9.-The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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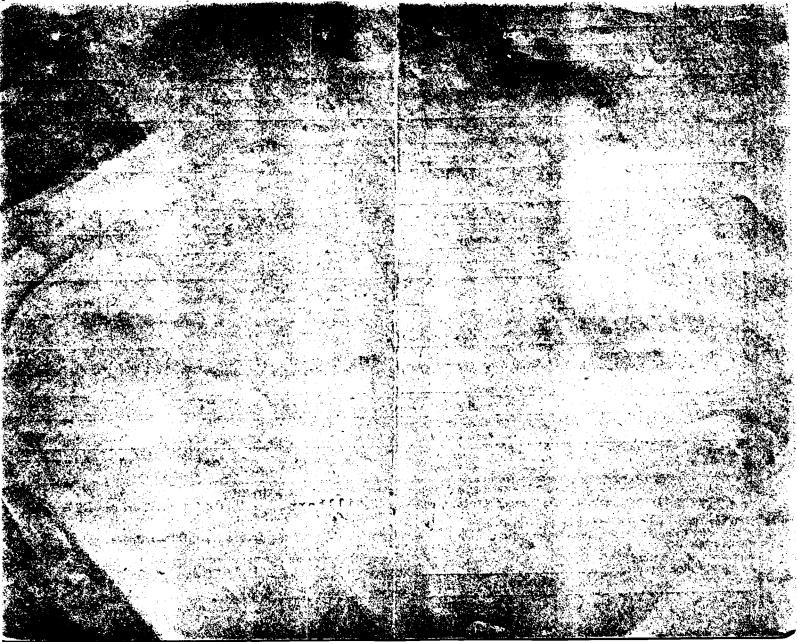
11

EXAMPLE II

EARDIT LE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH RECEIVED STATE OF IDARO County of Knotenai DEPARTMENT OF PUBLIC WELFARE more 8 1939 BUREAU OF VITAL STATISTICS City of Coeur d ! Alene No. 102 Indiana Ave. St. CERTIFICATE OF BIRTH Oslund's Maternity Home Registration District No. \_\_\_\_\_\_\_\_\_State File No. \_\_\_\_\_ case (If born in hospital or institution give name.) Prim. Registration District No. 105/ Local Registrar's No. 328 2. FULL NAME OF CHILD. GEORGE THOMAS CALLIS a H 8. Date of 3. Sex births 5. Number, in order of birth..... birthOctober 22 1959 Male PERMANENT RECORD. Full term Yes mate? Yes (Month, Day, Year) 9. Full **FATHER** |18. Full MOTHER name maiden Oliver Newton Callis 10. Residence (usual place of abode) 824 Sixth Stilene (If non-resident, give place and State Coeur d llene name Goldie Lola Toland 19. Residence (usual place of abode) 824 Sixth St. (If non-resident, give place and State Cocur de la lene 13. Birthplace (city or place) Centerton 22. Birthplace (city or place) Cherokee (State or Country) Arkansas (State or Country) Oklahoma\_ A PE. 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc. Senior Fire Warden of work done, as housekeeper, Housewife for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill sawmill, bank, etc. U.S. Forest Service WITH UNFADING INK-THIS Separate Return must be made work was done, as own home, Own Home lawyer's office, silk mill, etc. ..... 16. Date (month and year) 25. Date (month and year) last engaged in this work 17. Total time (years) spent 26. Total time (years) spent last engaged in this work in this work..... ...... 19\_\_\_\_\_ in this work.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead....... (c) Stillborn..... 29. If stillborn. 30. Cause of stillbirth Intarc Sefore labor Yes months period of gestation Full Term or weeks of Placenta. | During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn atl: 45 by the date above stated.

(Born Alige of Stillborn) PLAINLY When there was no attending physician or midwife, then the father, householder, etc., WRITE PLA should make this return. Give name added from a supplemental report..... Address Coeur d'Alene, Idaho (Date of) Filed 10 - 27, 1939 A. New wordy N. Registrar. Registrar.



	TE OF DEATH  Registered No
County of Kootenai Registration	Dist. No. 3 0 If death occurred in
Length of residence in County where death occurred  (Home, Hospital or Institution)  Yrs. Mos. Days	How long in U. S. if of foreign 39 Trs. Mos. Days
2. FULL NAME AND CONGA THOMAS CALL	i coeur d'Alene
(a) Residence:	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White, Black, or Divorced (write the word)  MALE WHITE SINGLE	21. DATE OF DEATH (month, day and year) October 22, 1939
5a. If married, widowed, or divorced Husband of	22. I HEREBY CERTIFY, That I attended deceased from
(or) Wife of	I have now have alive on OC. 22 19.3 Death is said
6. Date of Birth (Month, day and year) October 22, 1939	to have occurred on the date stated above, at
7. AGE Years Months Days If less than 1 day	causes of importance in order of onset were as follows:
8. Trade, profession, or particular kind of work done	Remotive separation
9. Industry or business in which work was done	of placente.
10. Date deceased last worked at this occupation (month this occupation	
and year)	Contributory causes of importance not related to principal causes
Coeur d'Alene, Idaho	
13. NAME Oliver N. Callis	Where was disease first diagnosed?
14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation date of
Arkansas	Condition for which performed
15. MAIDEN NAME Goldie L. Toland 16. BIRTHPLACE (City or Town, County and State, or County)	What test confirmed diagnosis?
16. BIRTHPLACE (City or Town, County and State, or Country) Oklahoma	Was there an autopsy? Was there an inquest? Was there are inquest.
17. SIGNATURE OF CLIMAN (Call)	(Check) Accident—Suicide—Homicide? Date of injury
(Address) Locus of alexa, Idaha	, 19 Where did injury occur? (Specify city or town, county and state)
18. BURIAL, CREMATION OR REMOVALT Place Forest Cemetery Date 10/23 1939	Check whether injury occurred in industry home public place  Manner of injury
19. UNDERTAKER MOONEY MORTUARY	Nature of injury
(Address) Coeur d'Alene, Idaho	24. Was disease or injury in any way related to occupation of deceased? WO If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	day litted the
on 10/2 1927 by M. Registrar	(Address) Aus a alene, a daha

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in auswer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I

- 8.—The trade, profession or particular kind of work done.
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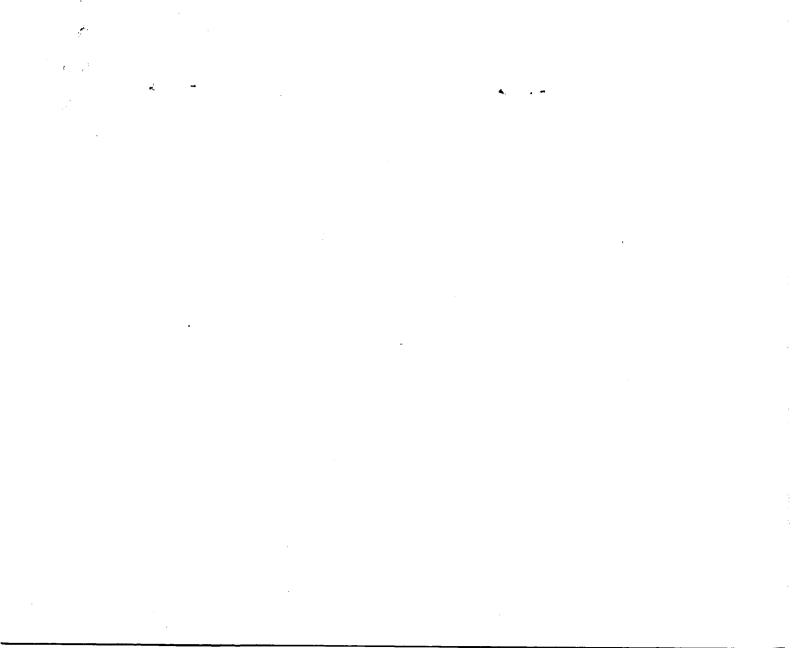
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other CONTRIBUTORY CAUSES of importance: Galistones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	*************************************		***************************************
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STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISFICS 286509 City of.... CERTIFICATE OF BIRTH No istration District No. No. State Bile No. Prim. Registration District No. \_\_\_\_\_Local Registrar's No. 313 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD... 8. Date of If plural (4, Twin, triplet, or other..... 6. Premature... 7. Legiti-3. Sex hirth hirths 5. Number, in order of birth..... Full term.. mate? (Month. Day, Year) 18. Full MOTHER 9. Full FATHER maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Kuch (If non-resident, give place and State). A PERMANENT 20. Color or race 21. Age at last birthday (years) 22. Birthplace (city or place) and (State or Country) (State or Country) 23. Trade, profession, or particular kind each, 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist nurse clerk, etc. \_\_\_\_\_ sawyer, bookkeeper, etc. 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill. made lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work WITH UNFADING INK-Separate Return must be in this work. in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Before labor months 29. If stillborn. period of gestation mune 30. Cause of stillbirth..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE I hereby certify that I attended the birth of this child, who was mm at B m. on the date above stated. (Born Alive or Stillborn) PLAINLY d at birth a When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. .... Midwife Give name added from WRITE one child a supplemental report.... (Date of) Registrer.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Line DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF DEATH State File No. 11651 Registrati District No. Primary Registration District No..... Local Registrar's No. (No..... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence No..../ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS. OCCUPATION MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) 22193 owed or Divorced (write the word) suna Ce 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced 24 1939 to Oct 20 HUSBAND of I last saw h...... alive on 198 death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ...... m. Years Months Days The principal cause of death and related causes of im-7. AGE 1 day ..... hrs. portance were as follows: or .... min. Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as stik mill, saw mill, bank, etc..... UNFADING INK-10. Date deceased last work-11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this (mo. and yr.) ..... occupation AGE should 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of What test confirmed diagnosis? ..... Was there an 13. NAME 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?...... Date of injury\_\_\_\_\_\_\_, 15. MAIDEN NAME 193..... Where did injury occur?\_\_\_\_\_ 16. BIRTHPLACE (city or town). M (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place (Address) Manner of injury.... should be Nature of injury..... vay related to occupation 24 Was disease or int 19. UNDERTAKER of deceased?... (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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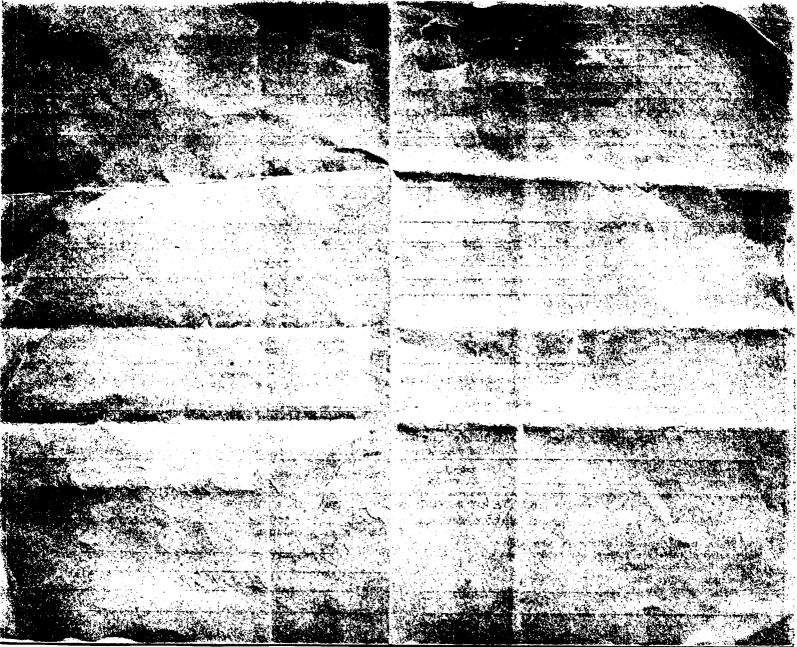
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
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OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS se of more of birth . City of. CERTIFICATE OF BIRTH Registration District No. State File No. .... (If born in hospital or institution give name.) Local Registrar's No. ... order 2. FULL NAME OF CHILD / Jaly / 3 ou When 8. Date of JS ם 6. Premature 12th 7. Legiti-If plural 4. Twin, triplet, or other..... each, 3. Sex 4 births 5. Number, in order of birth... "Full term... mate? (Month. Day. Year) 9. Full FATHER 18. Full MOTHER name maiden 1 name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)\_ (If non-resident, give place and State) ... 11. Color or race | 12. Age at last birthday 2 (years) 20. Color or race 22. Age at last birthday 22. Birthplace (city or place) Softene 13. Birthplace (city or place)..... ash (State or Country) (State or Country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, 7 work was done, as own home. sawmill, bank, etc. ..... lawyer's office, silk mill, etc. ... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work K in this work/4/m must in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? \* 1 Page 1 UNIFADING 28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living....... (b) Born alive but now dead...... (c) Stillborn... 29. If stillborn. months Before Abor., 30. Cause of stillbinthd. period of gestation..... or weeks WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was ø (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. ..... Midwife Give name added from a supplemental report.... Address ... (Date of) Oct 20, 193 9 Filed Rogistrer Registrar.

L. M. Park



1.	PLACE OF DEATH	<b>CERTIFICA</b>	VISION OF PUBLIC HEALTH TE OF DEATH	Registered No.116516
- !!	ounty of Market Strong	Registration I Primary Reg. Local Registr	Dist. No	
		Yrs. Mos. Days	How long in U. S. if of foreign	Yrs. Mos. Days or county and state)
2.	FULL NAME Jaky	(Kisca)		
	(a) Residence:	······································	(If non-resident give city	or county and state)
=	AND ATATIOTIV	DAL BARTICULARS	MEDICAL CERTIFIC	
3.	PERSONAL AND STATISTIC MALE 4. White, Black, Wellow, Red	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year)	15-1939
_	. If married, widowed, or divorced	mya_	22. I WELLEY CHATIFY, That I	
a∏"	Husband of (or) Wife of		I last saw halive on	19 Death is said
carefully	Date of Birth (Month, day and year)	1-1629	to have occurred on the date state	above, at 5 m.
	AGE Years Months Day	If less than 1 day	The principal cause of death an causes of importance in order of or as follows:	d related Date of Onset  Yr. Mo. Day
pack	8. Trade, profession, or particular		Ation to all at	5 de 10/18039
	none		encount and	
S ON	9. Industry or business in which work		(marker threatened	Elamasia .
lon Sccu	10. Date deceased last worked at this occupation (month	<ol> <li>Total time (yrs.) spent in this occupation</li> </ol>	1	Elampsia)
	and year)		Contributory causes of importance related to principal causes	
dnooo 12	BIRTHPLACE (City or Toya, Co	ounty and State, or Country)		
<b>ğ</b>    <u> </u>	the state of	Wiland		
Read Fathe	13. NAME 14. BIRTHPLACE (City or Fown,	County and State, or Country)	Where was disease first diagnosed Name of operation	
<b>3</b>   ₽	auseka Utah	<i>i</i>	Condition for which performed	
, b	15. MAIDEN NAMES Sich	Hawhins.	What test confirmed diagnosis?	date of
Moth	16. BIRTHPLACE City or Town,	County and State, or Country)	Was there an autopsy?	
- 11 .	Spellar	14 10:11	23. If death was due to external of	
17	SIGNATURE OF INFORMANT	F. W. Sug	(Check) Accident—Suicide—Homic	occur?
_	(Address)		(Specity ci	ty or town, county and state)
18	BURIAL, CREMATION OR REMO	Dat 00/18 139	Check whether injury occurred in Manner of injury	moustry nome public place
∥_	Place Pelloy 9	To the	Nature of injury	
19	. UNDERTAKER	a da	24. Was disease or injury in any	^
∥-	(Address) (Address). FILED AND BURIAL OR REMO	MI PERMIT ISSUED	deceased? If so, specify	O K
20	Dalling a With	. A K IND /	(SIGNED) Luur	Mean M. D.
H	On 193 by Date	Registrar	(Address)	
Ħ	<u> </u>			

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PLACE OF BIRTH STATE OF IDAHO RECEIVED DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH State File No. . راوا Registration District No. . case ( er of Prim. Registration District No. 185 (If born in hospital or institution give name.) Local Registrar's No. Kather Marie Tewanders FULL NAME OF CHILD. 8. Date of 6. Premature... If plural (4. Twin, triplet, or other..... 7. Legiti-10\_13 hirth births ' 5. Number. in order of birth..... Full term..... mate? (Month, Day, Year) RECORD. 9. Full 18. Full MOTHER ö FATHER A nana maiden Levana name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT (If non-resident, give place and State) char 11. Color or race W | 12. Age at last birthday 25 (years) Taledon 22. Birthplace (city or place). Clift 13. Birthplace (city or place) .... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. ...... lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work sur. in this work 241. in this work.... 27. What prophylactic was used to prevent Ophthalmia /Neonatorum? WITH UNFADING Separate Return mi (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living........... (b) Born alive but now dead.......... (c) Stillborn 29. If stillborn, months During labor..... 30. Cause of Stillbirth ..... or weeks period of gestation..... Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stellbarn (Born Alive or Stillborn) When there was no attending physician, or midwife, then the father, hoseholder, etc., (Signed) ..... should make this return. Give name added from a supplemental report..... Address .. (Date of) Registrar.



Registrar

(SIGNED) .

(Address) -

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Write Plainly with Unfading Ink-

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	I CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL
	_

Registered No...

street and number. Mos.

Days

**Date of Onset** 

Mo.

10

Yr.

Idaho.

Falls.

if death occurred in hospital or institution give its name instead of Day 12

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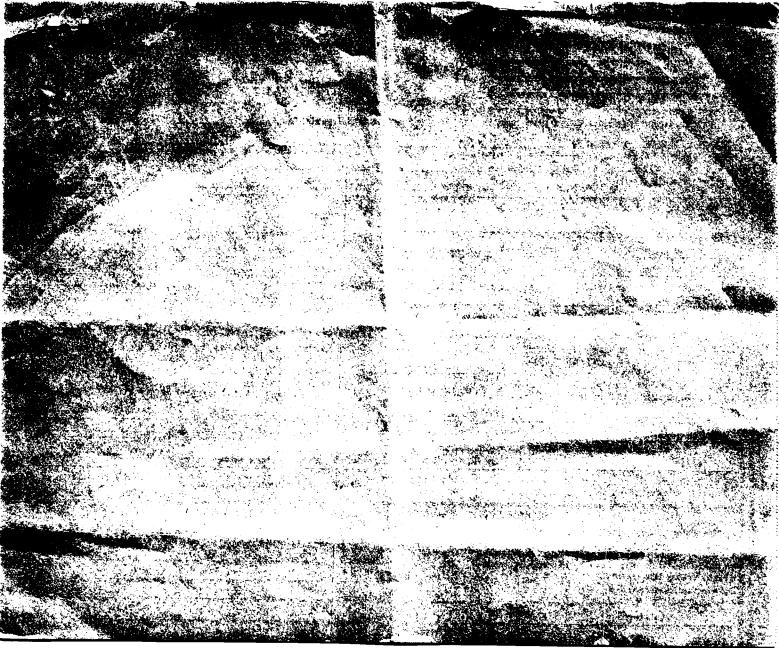
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STATE OF IDAHO PLACE OF BIRT DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of. City of CERTIFICATE OF BIRTH No. Aristration District No. -State File No. case c Prim. Registration District No. 2087 \_\_Local Registrar's No. \_\_ (If born in hospital or institution give name.) Marie 2. FULL NAME OF CHILD... 8. Date of e. Premature 222 7. Legiti-If plural (4. Twin, triplet, or other birth /0 - /9 3. Sex births mate? Full term. 5. Number, in order of birth... (Month, Day, Year) MOTHER 18. Full 9. Full FATHER maiden name number name 10. Residence (usual/place of abode) 19. Residence (usual place of above) (If non-resident, give place and State) (If non-resident give place and State)... | 12. Age at last birthday 2 (years) 20. Color or race 1 21. Age at last birthday 2 (years) 11. Color or race 22. Birthplace (city or place) 13. Birthplace (city or place) and (State or Country) (State or Country) 23. Trade, profession, or particular king each, 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ..... ğ 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc. . sawmill, bank, etc. \_\_\_\_ 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work þe in this work in this work.... must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADIN 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 3. (b) Born alive but now dead. (c) Stillborn. Before labor..... months 29. If stillborn. 30. Cause of stillbirth..... WITH UN Separate or weeks period of gestation. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was still box ಹ (Born Alive or Stillborn) When there was no attending physician > (Signed) .... or midwife, then the father, hoseholder, etc., should make this return. child " Give name added from a supplemental report... (Date of) Registrer.



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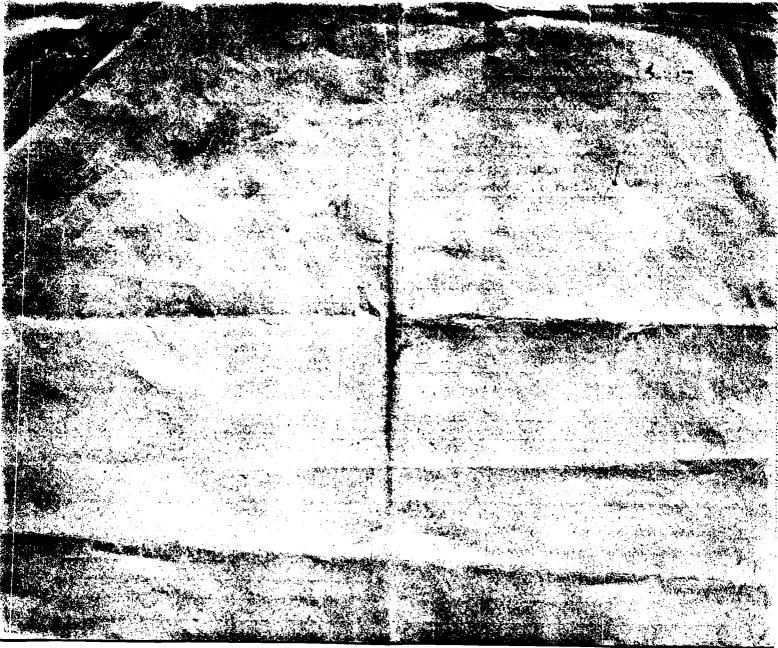
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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PLACE OF BIRT STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of ... 8 1935 City of ..... CERTIFICATE OF BIRTH State File No. .. Registration District No. case c Prim. Registration District No. 2087 ...Local Registrar's No. .... (If born in hospital or institution give name.) 2. FULL NAME OF CHILD... 8. Date of If plural (4. Twin, triplet, or other 6. Premature 47. Legitibirth /0 -/9 births 5. Number, in order of birth. mate? Full term.... (Month, Day, Year) MOTHER 9. Full 18. Full FATHER maiden name number name 10. Residence (usual place of abode) 79. Residence (usual place of abode) (If non-resident, give place and State). (If non-resident, give place and State) 12. Age at last birthday 2. 2 (years) 20. Color or race 21. Age at last birthday 2 (years) 11. Color or race 22. Birthplace (city or place)... 13. Birthplace (city or place)..... (State or Country) an (State or Country) 23. Trade, profession, or particular kind A PE1 each, 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ..... 四点 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, made lawyer's office, silk mill, etc. .... sawmill, bank, etc. .... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work þ NFADING INK Return must be in this work. in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... (At time of this birth and including this child) 28. Number of children of this mother Before labor 29. If stillborn. months 30. Cause of stillbirth..... 8 or weeks During labor..... WITH Separa CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was still boss m. on the date above stated (Born Alive or Stillborn When there was no attending physician \ (Signed) or midwife, then the father, hoseholder, etc., should make this return. Child at Give name added from a supplemental report..... (Date of) Registrar.



2 2 5	STATE OF ID	ОАНО
item of identification of the state of the other of the o	PLACE OF DEATH DEPARTMENT OF PUB	
	County of Livin Falls BUREAU OF VITAL	
should t of O	CERTIFICATE O	F DEATH State File No
By a si	City of Registration District No	34
	Primary Registration Distri	ict No.20.8.7. Local Registrar's No.
PRD. ICIA state	(No	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
RECORD. HYSICIA xact state	(In death occurred in a hospital or institution,	give its name instead of street and number.)
et K.	2. FULL NAME Doulan Kellans	NOV 8 1939
E H X	(a) Residence. No.	St.
<b>H</b> ****	(Usual place of abode) Length of residence in city or town where death occurred. yrs. o mos.	(If nonresident give city or town and state)  ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NEN ILY. iiod.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
◀ 55 %	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) 10 1939
DING ERM EXA class	or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
BINDIN A PERD ated EXA erly clas	5a. If maried, widowed, or divorced	10-19-39, 193 to 193
E P P P P P P P P P P P P P P P P P P P	HUSBAND of (or) WIFE of	I last saw halive on, 193 odeath is said
R BINI IS A P. stated I roperly certifica	a pamp on promy (	to have occurred on the date stated above, at
0	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	The puncipal cause of death and related causes of importance were as follows:  Date of onse
HIS d b	1 day, O hrs.	D. J. P. F.
ED TIME	8. Trade, profession, or particular	Jacob
	kind of work done, as spinner, sawyer, bookeeper, etc.	
	9. Industry or business in which work was done, as slik mill,	Benature 53
RESER NG INE AGE . that it m	work was done, as silk mill, saw mill, bank, etc.	1/
	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
	year) occupation (month and occupation	
ARGI JNFA suppli brms,	12. BIRTHPLACE (city or town)	
MAR UN) y suj term	MATRIC	<u> </u>
	13. NAME 2 Loy & Construction 14. BIRTHPLACE (city or town) 200 Mes 20	Name of operation
VIT refu plai ant.	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
s in a		23. If death was due to exter icauses (violence) all in also the following:  Accident, suicide, or homicide? Date of injury
1. A .	15. MAIDEN NAME Sther 1966 16. BIRTHPLACE (city or town) Medical Control (State or country)	
NLY Id be ATH	(State or country)	Where did injury occur? (Specify city or town county, and State)
LAIN should DEA	JAV Am	Specify whether injury occurred in industry in home, or in public
_ W '	17. INFORMENT (Address)	place.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE informatio CAUSE O PATION	Place Date 1937	Nature of injury
-WRI nform SAUSI PATIC	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
info CA PA	(Address) Lick! Storing	(Signed)
e.	20. FILED 10 20 , 1939 Unastasia Willam Registrar.	(Address)
Z	<u></u>	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			••••••••••

PLACE OF BURTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No. Registration District No. State File No. (If born in hospital or institution give name) ocal Registrar's No. Prim/Redistration District No. 2. FULL NAME OF CHILD..... 8. Date of If plural (4. Twin, triplet, or other\_\_ 6. Premature birth /1 -28-39 193 9 3. Sex hirtha mate? Theo Full term 5. Number, in order of birth. (Month, Day, Year) 9. Full FATHER. 18. Fulf MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode)
(If non-resident give place and State) (If non-resident, we place and State) 12. Age at last birthday 28. (years) 20. Color or race. | 21. Age at last birthday 23. (years) 11. Color or race. 13. Birthplace (city or place)....... 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular/Rind each, 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ...... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. THIS made Nam sawmill, bank, etc. ..... lawyer's office, silk mill, etc. ..... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged/in this work last engaged in this work in this work 9mm in this work 27. What prophylactic was used to prevent Ophthamia Neonatorum? ..... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living Q..... (b) Born alive but now dead... (c) Stillborn... Kefore labor.... 29. If stillborn, months 30. Cause of stillbirth or weeks period of gestation ..... During labor. CERTIFICATE OF ATTENDING PHYSICIAN AND MIDWIFE m. on the date above stated. Stillborn at 8' I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn When there was no attending physician ? (Signed) or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from Address .. a supplemental report..... (Data of) Registrar.



	A Duroll & medicine 18 12th.
	VISION OF PUBLIC HEALTH Registered No. 116955
	re of death
County of ADA Registration I	Dist. No. If death occurred in hospital or institution give its name instead of
City of BOISE Primary Reg. ST. ALPHONSUS HOSPITAL Local Registra	ar's No. give its name instead of street and number.
(Home, Hospital or Institution)	
Length of residence in County Yrs. Mos. Days where death occurred	birth?
	Mrs. George Tinsley.
2. FULL NAME Infant daughter of Mr. and	mis, door go iiinazo, e
(a) Residence: TST7 North I3 ST	(II non-leadent Bro cre) of committee and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE Yellow, Red or Divorced (write the word)	(month, day and year) October 28 1939.
Female White Single 5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from 19
Husband of Single (or) Wife of	22. I HEREBY CERTIFY, That I attended deceased from  19 to 19 Death is said
S Date of Birth	
(Month, day and year) October 28 1939    Years   Months   Days   If less than 1 day	The principal cause of death and related causes of importance in order of onset were
7. AGE Still born hrs. min.	as follows:
8. Trade, profession, or particular kind of work done	Still Farm - 31 10 28 E
9. Industry or business in which work was done	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:    The first   Date of Onset   Onset
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation	Toppamia during 3
10. Date deceased last worked at this occupation this occupation	Contributory causes of importance not
and year)	Contributory causes of importance not related to principal causes
BOISE IDAHO.	
	Where was disease first diagnosed?
13. NAME George Tinsley. 14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation date of
BOISE, IDAHO.	Condition for which performed
5 15. MAIDEN NAME Edna Downard.	What test confirmed diagnosis?
16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? Was there an inquest?
II I WIDDLETON, LDATO,	23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury
17. SIGNATURE OF M. Jingley INFORMANT (Address) 18/2 71.13-21.	(Check) Accident—Suicide—Homicide? Date of Injury
(Address) 8/7 1. Serial Representation of Removation	(Specify city or town, county and state)
$\mathbf{p}_{\mathbf{T}} = \mathbf{p}_{\mathbf{T}} $	Manner of injury
eliste to hummers.	Nature of injury Page or injury in any way related to occupation of
19. UNDERTAKER UMMERS Funeral Home.	7
20. FILED AND BURIAL OR REMOVAL PROMITY ISSUED	deceased? If so, specify
	(SIGNED) Merald 6. Nessau M. D.
on 10-30 by A. Registrar	(Address) ly 62 ha
11 (2002)	Dane Ila. ()

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

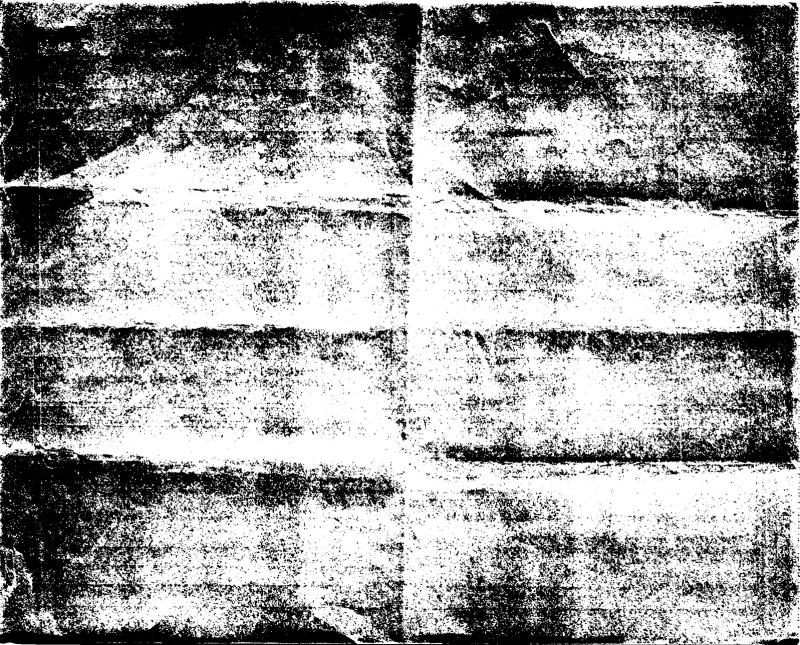
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EXAMPLE I		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	:- <u></u> <u>-</u>
	***************************************		

County of Bear Lake County of Paris No. TATE OF IDAHO MINT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 53 State File No. 2 8 Prim. Registration District No. \_\_\_\_Local Registrar's No. \_\_\_\_\_ (If born in hospital or institution give name.) FULL NAME OF CHILD LOWER Bugmers 8. Date of 7. Legiti-birth how 28 8. Sex births Full term.... 5. Number, in order of birth..... mate? . Lemele (Month. Day, Year) 9. Full FATHER 18. Full MOTHER DATES maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) St. Charles (If non-resident, give place and State) 11. Color or race 12 | 12. Age at last birthday 23 (years) 18. Birthplace (city or place)..... 22. Birthplace (city or place)..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner. sawyer, bookkeeper, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, sawmill, bank, etc. ..... lawyer's office, silk mill, etc. ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 28. Total time (years) spent last engaged in this work last engaged in this work in this work.\_\_\_\_ in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living........ (b) Born alive but now dead....... (c) Stillborn.... During labor\_\_\_\_X 29. If stillborn. period of gestation full term months 30. Cause of Stillbirth ... trangulation by Cord Before labor or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 6 . 30 A on the date above stated. I hereby certify that I attended the birth of this child, who was.... (Bern Alive or Stillborn) When there was no attending physician ) (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from Address Paris 3 daha CHI a supplemental report... (Date of) Registrar.



li	STATE OF ID	OAHO	
ii .	TEACE OF BEATTI	BLIC WELFARE	DO NOT WRITE IN THIS SPACE
Co	unty of Rear Lake BUREAU OF VITAL	STATISTICS	<b>116</b> 956
	CERTIFICATE O	F DEATH	State File No
Ci	ty of Registration District No	53	
	Primary Registration Distri		Local Registrar's No/
Q	FULL NAME Land Pugme		of street and number.)
1	(a) Residence. No.	St	
Le	(Usual place of abode) mgth of residence in city or town where death occurred. yrs. mos.	ds. How long in U	(If nonresident give city or town and state) (I.S., if of foreign birth? yrs. mos. ds.
$\  -$	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH	(month day, and year) NL, 28 1939
ر ا	smale W or Divorced (write the word)	) <del> </del>	CERTIFY, That I attended deceased from
Za Za	. If maried, widowed, or divorced		, 193, to, 193, 193
9	HUSBAND of (or) WIFE of	I last saw halive	e on, 193: death is said
li-	14 1 0 5 14 20		the date stated above, atm.
	DATE OF BIRTH (month, day, and year) Nov. 28, 1939  AGE Years Months Days If LESS than	The puincipal cause were as follows:	of death and related causes of importance  Date of onset
′·		were as follows.	Date of onser
_	one day 1 day, hrs.	Stell	vorm due to
	8. Trade, profession, or particular kind of work done, as apinner.	Strangel	ation during
	kind of work done, as spinner, sawyer, bookeeper, etc	Palina	
OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank etc		-
000	10. Date deceased last worked at this occupation (month and year)	Other contributory	causes of importance:
1:	2. BIRTHPLACE (city or town) Paris Idalia (State or country)		
ER	13. NAME Lawrel J. Pumme	Name of operation	Date of
FATHER	14. BIRTHPLACE (city or town)	What test confirmed	diagnosis?Wasthere an autopsy?
FA	(State or country)	23. If death was due to	exter'lcauses (violence) fill in also the following:
HER	15. MAIDEN NAME Norma Hulme		homicide?, Date of injury, 193
MOTHER	16. BIRTHPLACE (city or town) (State or country)	11	(Specify city or town county, and State)
17	INFORMEN August	Specify whether inju	ary occurred in industry in home, or in public
$\parallel -$	(Address) (Address) (Address)	Manner of injury	
18	BURIAL, CRÉMATION, OR REMOVAL Place De la Company 29, 193	Nature of injury	
19	UNDERTAKER MOTTHEW Purguire		ury in any way related to occupation of deceased?
$\parallel$	(Address) 49 Charles 9 days.	If so, specify	$O \cap M$
20	FILED Dec. le , 1939 Bellak Hessi Registrar.	(Signed)(Address)	, , , , , , , , , , , , , , , , , , , ,
	negisirar.	(Address)	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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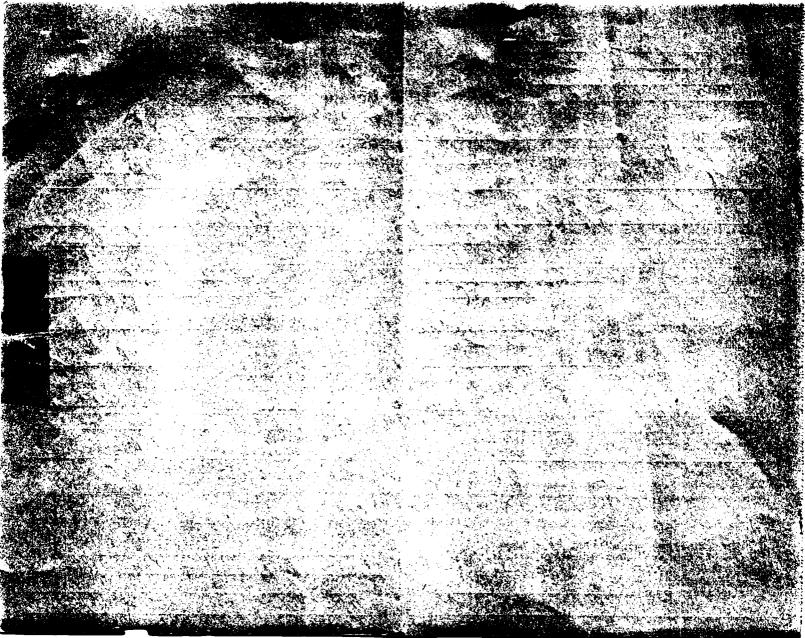
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

RECEIVED BLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of.... BUREAU OF VITAL STATISTICS 1939 DEC 5 City of.... CERTIFICATE OF BIRTH No. State File No. Registration District No. (If born in hospital or institution give name.) Prim Registration District No. Local Registrar's No. 1 FULL NAME OF CHILD. 8. Date of If plural (4. Twin, triplet, or other..... 7. Legitibirth Hou 12 5. Number, in order of birth... Full term mate? . (Month. Day. Year) 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). 11. Color or race. 24. 12. Age at last birthday 77 (years) 20. Color or race. 21. Age at last birthday. 22, Birthplace (city or place) 13. Birthplace (city or place) .... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which A 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. \_\_\_\_ lawyer's office, silk mill, etc. ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work 19 y in this work 2 42 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother During labor months 29. If stillborn. 30. Cause of Stillbirth or weeks period of gestation..... Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OB MIDWIFE I hereby certify that I attended the birth of this child, who was still the m, on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) -f or midwife, then the father, hoseholder, etc., should make this return. Shoads Midwife Give name added from Address a supplemental report...... (Date of) Hiled Rogistrar.



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Plainly

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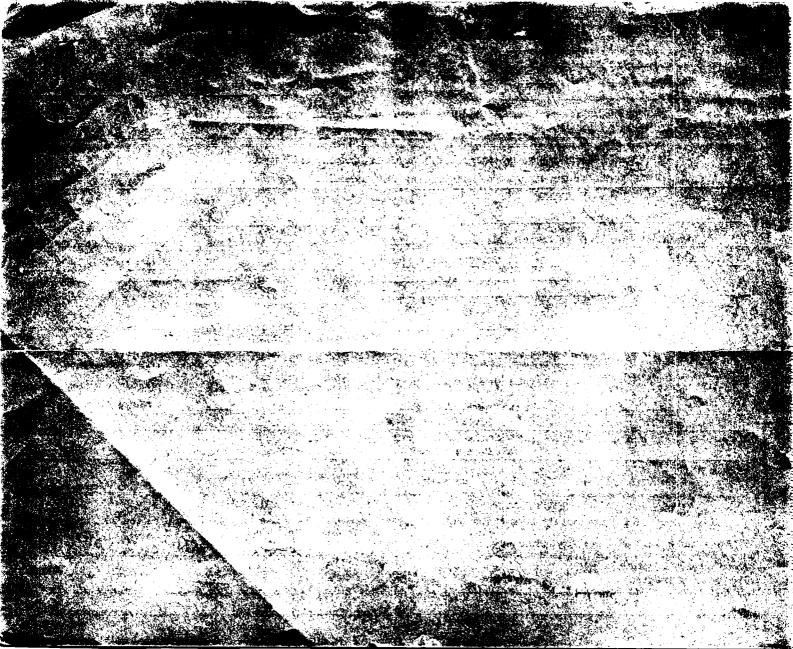
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Date of onset  1915  1921  July 5, 1927	EXAMPLE II  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	Date of onset  1 week ago  1 week ago  3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

PLACE-OF BIRTH STATE OF IDAMO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS of mur birth City CERTIFICATE OF BIRTH \_State File No. \_\_\_\_ Registration District No. .. (If born in hospital or institution give name.) Prim. Registration District No. 2150 Local Registrar's No. 2. FULL NAME OF CHILD... 1 8. Date of If plural [4. Twin, triplet, or other.... 6. Premature\_\_\_\_\_\_7. Legiti-겨녕 birth November births 5. Number, in order of birth. Full term. mate? (Month, Day, Year) RECORD. 9. Full **FATHER** MOTHER 18. Full name maiden Innie ( delaide B name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 35 (years) 20. Color or race 12. Age at last birthday 35 (years) 13. Birthplace (city or place) (State or Country) (State or Country) each, 14. Trade, profession, or particular kind of work done, as spinner, Manager 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, made sawmill, bank, etc. lawyer's office, silk mill, etc. . 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent g, last engaged in this work INK in this work 22 410 UNFADING 27. What prophylactic was used to prevent Ophthalmia (Neonatorum? 28. Number of children of this mother /// (At time of this birth and including this shild) period of gestation 2 mo. 19 days 29. If stillborn. months During labor..... 30. Cause of Stillbirth 2 or weeks Before labor Eles . CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stated above stated. (Born Alive or Stillbern) When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed) ..... should make this return. ...... Midwife or ..... Give name added from child a supplemental report..... Address ..... (Date of) Filed 6 Registrar. Registrar.



permanent record

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Write Plainly with Unfading Ink

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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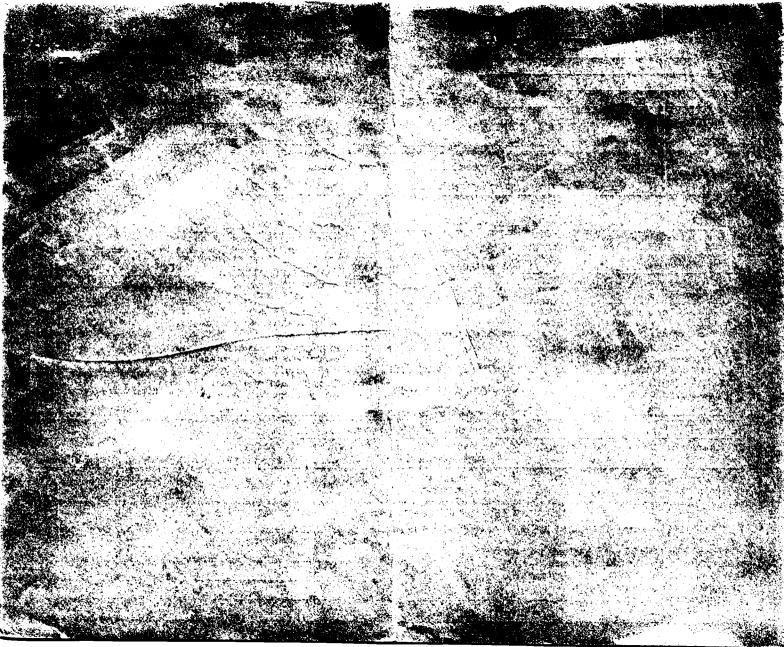
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related eauses of importance were as follows Arteriosclerosis		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	•		
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PLACE OF BIRTH RIMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of.... CERTIFICATE OF BIRTH Registration District No. . \_\_State File No. \_\_\_ (If born in hospital or institution give name.) Prim. Registration District No. 2150 Local Registrar's No. 2. FULL NAME OF CHILD 8. Date of If plural (4. Twin, triplet, or other\_\_\_ 6. Premature 7. Legitibirth 11-23-39 hirtha 5. Number, in order of birth. THE LAME. (Month, Day, Year) 9. Full MOTHER 18. Full name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race | 12. Age at last birthday 22 (years) 20. Color or race | 21. Age at last birthday 22 (years) 22. Birthplace (city or place) 13. Birthplace (city or place).... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind, kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_ sawyer, bookkeeper, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work ADING INK in this work Gurs. in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....... (b) Born alive but now dead...... (c) Stillborn..... WITH UNFA 29. If stillborn. Before labor..... months 30. Cause of stillbirth..... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was still at at 25m on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. ..... Midwife Give name added from a supplemental report.... (Date of) Registrer.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE information DO NOT WRITE IN THIS SPACE See instruc-County of BUREAU OF VITAL STATISTICS 116959DEATH CERTIFICATE OF DEATH State File No..... Registration District No ... IFO 12 1929 Primary Registration District No. 21.20 Local Registrar's No. 24 Q. 70 OCCUPATION is very important. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERMANENT RECORD. MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) 1937 owed or Dirorced (write 22 I HEREBY CERTIFY, That I attended deceased from the word) ....., 193.7 to ///23 5a. If married, widowed, or divorced HUSBAND of I last saw h...... alive on...... 193.....: death is said (or) WIFE of to have occurred on the date stated above, at...... m. 6. DATE OF BIRTH (month, day, and year) //-25-59 If LESS than The principal cause of death and related causes of im-Months Days Years 7. AGE 1 day ..... hrs. portance were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last work-Other contributory causes of importance: spent in this ed at this occupation occupation ..... (mo. and yr.) ..... AGE should 12. BIRTHPLACE (city or town) (State or country) be properly Name of operation...... Date of..... What test confirmed diagnosis?..... Was there an FATHER 13. NAME autopsy?..... 14. BIRTHPLACE (city or town) Syranus Wat 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide?..... Date of injury..... 15. MAIDEN NAME 193..... Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT in public place (Address) Manner of injury..... 18. BURIAL, CREMA 4. Date 12 + 193 9 Nature of injury..... 24 Was disease or injury in any way related to occupation 19. UNDERTAKER .... of deceased?\_\_\_\_\_\_If so, specify.\_\_\_\_ (Address) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year		
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

Sine certificate THAT OF IDAHO PLACE OF BIRTH by bomdefartment of Public Welfare County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No. State File No. Registration District Local Registrar's No. (If born in hospital or institution give name) 2. FULL NAME OF CHILD If plural [4. Twin, triplet, or other 6. Premature birth. 3. Sex births Full term Mes 5. Number, incorder of birth.... mate? (Month. Day. FATHER 18. Full 9. Full maiden name Dennessy nante 10. Residence /usual place of abode 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race 21. Age at last birthday 28 (years 22. Birthplace (city or place)..... 13. Birthplace (city or place)...... (State or Country) nansas (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill typist, nurse, clerk, etc. Hausekee sawver, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, 25. Date (month and year) sawmill, bank, etc. ..... 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work ..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. 3... (b) Born alive but now dead...........(c) Stillborn... Before labor..... months 29. If stillborn. 30. Cause of Stillbirth ..... or weeks period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at..... m. on the date above stated I hereby certify that I attended the birth of this child, who was..... When there was no attending physician ? (Signed) or midwife, then the father, householder, etc., should make this return. Midwife Give name added from Address a supplemental report..... (Date of) Registrar.



1. PLACE 9F) DEATH	STATE OF IDAHO — D	IVISION OF PUBLIC HEALTE	Registered No. 11696
County of lampa	Registration Primary Res	ATE OF DEATH Dist. No. 7 g. Dist. No. 2006 trar's No. 733	If death occurred in hospital or institution give its name instead of street and number.
(Home Hospital or Matitu	Yrs. Mos. Days	How long in U. S. If of foreign birth?	Yrs. Mos. Days
2. FULL NAME Mans	Son Mr. 9	Mrs. GEOTGE A	
PERSONAL AND STATISTICS.  MALE  MALE  Yellow Back, Yellow Back  Tallow	5. Single, Married, Widowed or Disorced (write the word	21. DATE OF DEATH (month, day and year) 22. I HEREBY CERTIFY, That	*
Husband of (or) Wife of  6. Date of Birth (Month, day and year)  7. ACE  Years  Day	S 3 1939 If less than I day	I last saw h alive onto have occurred on the date sterence of death a cause of importance in order of as follows:	19 Death is said ted above, at and related onset were Date of Onset   Yr   Mo   Day
8. Trade, profession, or particular 9. Industry or business in which	work was done	Milloon	
10. Date deceased last worked at this occupation (month and year)	this occupation  gunty and State, or Country	Contributory causes of important	se not
13. NAME (ESTATE  14. PIRTHPLICE (City of Town,  Olympia olympia)	County and State, or Country	Condition for which performed	date of
15. MAIDEN NAME  16. BIRTHPLACE City or Town.  17. SIGNATURE OF THE TOWN.  17. SIGNATURE OF THE TOWN.	County and State, or Country	23. If death was due to external (Check) Accident—Suicide—Hom	Was there an inquest?
(Address)  18. BURIAL, CRAMATION OR REMA	DATE DATE 23:193	Check whether injury occurred in Manner of injury	n industry home public place
20. FILED AND BURIAL OR REMO	1 /2 1	24. Was disease or injury in a deceased. If so, specification (SIGNED)	my way related to occupation of
or sales 7 193 9 by My	Registrar	(Address)	pa sold

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

EXAMPLE 1

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a sales-

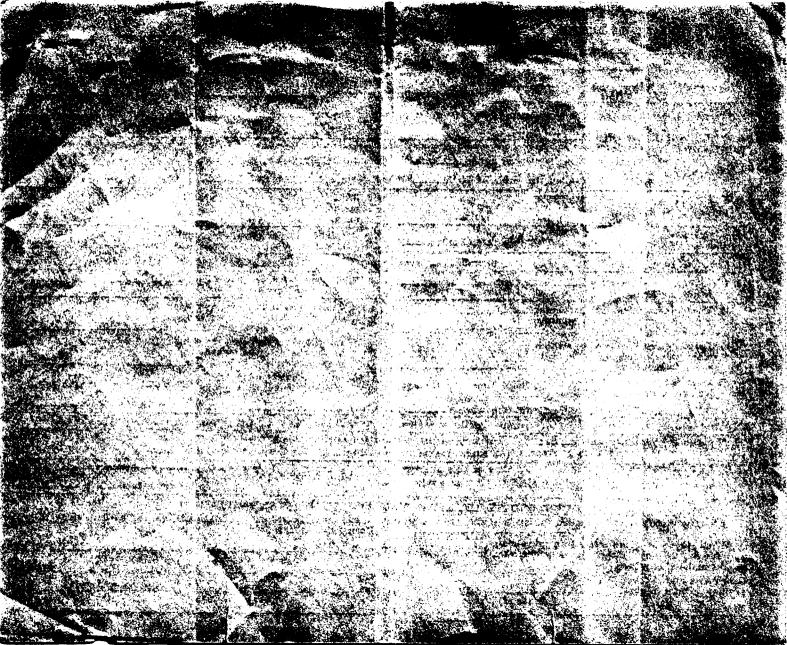
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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DARMELE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	F∕D FIDTU	ER STATEMENTS BY PHYSICIAN	
	FOR FURIE	ER STATEMENTS BY PHYSICIAN	
			***************************************
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W. W. W. PLACE OF BIRTH SMATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Pannon County of. BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH Registration District No. State File No. Prim. Registration District No. \_\_\_\_Local Registrar's No. (If born in hospital or institution give name.) FULL NAME OF CHILD. 8. Date of If plural [4. Twin, triplet, or other Jame 6. Premature ht. 7. Legitihirth 8. Sex births 5. Number, in order of birth 2 Full term 2 mate? (Month, Day, Year) MOTHER 118. Full. 9. Full FATHER maider name name 10. Residence (usual place of abode) (If non-resident, give place and State)... 19. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race 12. Age at last birthday (years) 20. Color or race 12. Age at last birthday 13. Birthplace (city or place) Thousand 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, of work done, as housekeeper. kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. . sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work E K in this work. in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother 29. If stillborn. period of gestation 40 wee months or weeks During labor. CERTIFICATE OF ATTENDING PAYSICIAN OR at **8:00** f. m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report..... (Date of) Registrar.



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County of Canada Primary Reg. Dist. No	1:-PLACE OF DEATH CERTIFICA	VISION OF PUBLIC HEALTH TE OF DEATH	Registered No
Length of residence in Gounty With the control of t	County of Carrier Registration I City of Primary Reg.  Local Registr	Dist. No.	hospital or institution give its name instead of
(if non-resident give city or county and state)  PERSONAL AND STATISTICAL PARTICULARS  MALLE 1 White, Black, 5 Single, Married, Widowed, Yellov, Red Yellov, Red To Divorced (write the word)  TEMALE 2 White, Black, 5 Single, Married, Widowed, Yellov, Red To Divorced (write the word)  To Divorced (write the	Length of residence in County Yrs. Mos. Days	How long in U. S. If of foreign birth?	Yrs. Mos. Days
PERSONAL AND STATISTICAL PARTICULARS  MALE  MALE	2. FULL NAME John Samuel ?	eck	
PERSONAL AND STATISTICAL PARTICULARS  3. MALE 5. Single, Married, Widowed, Yelloy, Red Yel	(a) Residence: Caldwell III	(If non-resident give city	or county and state)
3. MAILE (White Black) or Divorced (write the word) FEMALE (Yellow Red or Divorced (write the word) FEMALE (White of Husband of (or) Wife of (or) Wi	TORONAL AND STATISTICAL DARTICULARS		
So. If harried, widowed, or divorced (Birth (Month, day and year)  7. AGE Years Months Days If less than 1 day hrs. min.  8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked in this occupation at this occupation (month at this occupation)  12. BIRTHFLACE (City of Town, County and State, or Country)  13. NAME Muller NAME Muller Country and State, or Country)  14. BIRTHFLACE (City of Town, County and State, or Country)  15. MAIDEN NAME Muller City or Town, County and State, or Country)  16. BIRTHFLACE (City of Town, County and State, or Country)  17. SIGNATURE OF Muller City of Town, County and State, or Country)  18. BURIAL, CREMATION OR REMOYAL PERMIT ISSUED  (SIGNED) Accounted in industry, home. public place. Manner of injury  19. UNDERTAKER  (Address)  (SIGNED) Accounted in any way related to occupation of deceased?  (SIGNED) Accounted in any way related to occupation of deceased?  (SIGNED) Accounted in industry, home. public place. Manner of injury in any way related to occupation of deceased?  (SIGNED) Accounted in industry, home. public place. Manner of injury in any way related to occupation of deceased?  (SIGNED) Accounted in industry, home. public place. Manner of injury in any way related to occupation of deceased?	3 MALE 4. White, Black, 5. Single, Married, Widowed.	21. DATE OF DEATH	1 11 = 30
19 1 to 19 2 death is said to have externed alignment of contributory causes of importance not related to principal causes first diagnosed?  18 In AMDEN NAME MALL CREMATION OR REMOVAL PERMIT ISSUED  19 Industry of housiness in which work and state, or Country)  10 Isignature of injury  11 SIGNATURE OF MALL CREMATION OR REMOVAL PERMIT ISSUED  12 Harried, widowed, or divorced Husband of (or) Wife of (or) Wi			attended deceased from
Husband of (or) Wife of  6. Date of Birth (Month, day and year)  7. AGE	5a. If married, widowed, or divorced	Theresi Certifi, India	200 4 10 3 9 %
6. Date of Birth (Month, day and year)  7. AGE  Years  Months  8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month and year)  11. BIRTHPLACE (City or Town, County and State, or Country)  12. BIRTHPLACE (City or Town, County and State, or Country)  13. NAME  14. BIRTHPLACE (City or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF INFORMANT  18. BURIAL, CREMATION OR REMOVAL PERMIT ISSUED  19. UNDERTAKER (Address)  10. Date of Birth (Day In Incompany of Birth (Date)  10. Date of Conset was and related cause of Importance in order of onset were as follows:  10. Date deceased last worked at this occupation this occupation in this occupation was done  11. Total time (yrs.) spent in this occupation of a country of the principal cause of Importance in order of onset were as follows:  12. BIRTHPLACE (City or Town, County and State, or Country)  13. NAME  14. BIRTHPLACE (City or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  16. BIRTHPLACE (City or Town, County and State, or Country)  17. Mo Day  18. True principal cause of death and related cause of Importance in order of onset were as follows:  18. BURIAL (CITY Town, County and State, or Country)  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. public place.  19. Where did injury occurred in industry. home. publi	Husband of		D-44
7. AGE  Years Months Days If less than I day hrs. min.  8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked at this occupation in this occupation in this occupation and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  13. NAME  14. BIRTHPLACE (City or Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, county and State, or Country)  17. SIGNATURE OF INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL PERMIT ISSUED  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (SIGNED)  4. Was disease or injury in any way related to occupation of deceased?  (SIGNED)	6. Date of Birth	<del>-</del>	above, at
8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  13. NAME  14. BIRTHPLACE (City Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, county and State, or Country)  17. SIGNATURE OF INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL PERMIT ISSUED  19. UNDERTAKER  (Address)  (Add	I tears   Months   Last	causes of importance in order of or	nset were Yr.   Mo.   Day
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month at this occupation	hrs. min.	Still due	to
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month at this occupation	8. Trade, profession, or particular kind of work done	Charlin bears	tag 19:19 how 4 d
and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  13. NAME  14. BIRTHPLACE (City Town, County and State, or Country)  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL PERMIT ISSUED  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  CONSTITUTION COUNTRY and State, or Country)  Condition for which performed Country Was there an inquest?  Where was disease first diagnosed?  Condition for which performed Country Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there an inquest?  Check whether injury occurred in industry home public place.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (SigNED)  Contributory causes of myortance not related to principal causes.  Contributory causes of myortance not related to principal causes.  Contributory causes of myortance not related to principal causes.  Contributory causes of myortance not related to principal causes.  Contributory causes of myortance not related to principal causes.  Contributory causes of myortance not related to principal causes.  Contributory causes of myortance not related to principal causes.  Contributory causes of myortance not related to principal causes.  Contributory causes of myortance not related to principal causes.  Condition for which performed  Condition for which performed  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an inquest?  Was there in inquest?  Was there an inquest?  Was there an inquest?  Was there in inquest?  Condition for which performed  Condition for which performed  Condition for which performed  Condition for which performed  Condition for wh	9. Industry or business in which work was done	(The second of t	
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Condition for which performed  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL PERMIT ISSUED  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  Condition for which performed  What test confirmed diagnosis?  Was there an autopsy?	14. BIRTHPLACE (City) Town, County and State, or Country)	)	<del>-</del>
15. MAIDEN NAME  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (SigNED)  What test confirmed diagnosis?  Was there an autopsy?	Shochone Idaha	1	F
16. BIRTHPLACE (City or Town, County and State, or Country)  Caldudd Mass there an autopsy? Was there an inquest? 23. If death was due to external causes, fill in also the following:  (Check) Accident—Suicide—Homicide? Date of injury.  (Specify city or town, county and state)  (Specify city or town, county and state)  (Check whether injury occurred in industry home public place  Place Date 11-5-19-9  (Address)  19. UNDERTAKER Manner of injury  Nature of injury in any way related to occupation of deceased? If so, specify  (Signed) Accident—Suicide—Homicide? Date of injury.  (Specify city or town, county and state)  Check whether injury occurred in industry home public place  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  (Signed) Accident—Suicide—Homicide? Date of injury.  (Specify city or town, county and state)  Check whether injury occurred in industry home public place  Nature of injury  Nature of injury  Nature of injury  Nature of injury  (Signed) Accident—Suicide—Homicide? Date of injury  (Specify city or town, county and state)  Check whether injury occurred in industry home public place  Signed of the county and state)  (Signed of injury occurred in industry home public place in the county and state)  (Signed of injury occurred in industry home public place in the county and state)  (Signed of injury occurred in industry home public place in the county and state)	E IS MATTERN NAME MOAA A GOAT 111 ant	· -	▲
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(Address)  18. BURIAL, CREMATION OR REMOVAL  Place  Output  Date  19. UNDERTAKER  (Address)  20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (Specify city or town, county and state)  Check whether injury occurred in industry home public place  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)	17. SIGNATURE OF Myrle Peck	(Check) Accident—Suicide—Homic	ide? Date of injury
18. BURIAL, CREMATION OR REMOVAL  Place  Date  Date  Date  Place  OCHOR whether injury occurred in industry home public place.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (SiGNED)  SiGNED  (SiGNED)	(Address) Caldwell Ida (#	/ Where did injury (Specify ci	ty or town, county and state)
Place	18. BURIAL, CREMATION OR REMOVAL	4	
19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (SiGNED)  (SiGNED)	CA 241 244 744 11 - 5 1039	U .	F.
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED  (SIGNED) Fugh J. M. C. Jaughlum, D.	10 MANDER & J. Deckham	كالمتناف والمتناف والم والمتناف والمتناف والمتناف والمتناف والمتناف والمتناف والمتنا	
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED (SIGNED) Frigh J. M.c. Jaughlan, D.		<b>-</b>	
(SIGNED) Frigh J. V. Jaughling D.		deceased? If so, specify	
	20. FILED AND BURIAL OR REMOVAL FERMIT ISSUED	but as	M.C. Sanoples
	on//-/4 1939 by Montyon (Date)		ell Alda.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	*******************************		

1. PLACE OF BIRTH	STATE OF IDAHO
County of Carry	DEPARTMENT OF PUBLIC WELFARE
City of	BUREAU OF VITAL STATISTICS
No. 624-111 am 20 =	CERTIFICATE OF BIRTH  Registration District No. 362 State File No.
(If born in hospital or institution give name.)	
	Prim. Registration District No. 342 Local Registrar's No. 48.
3. Sex If plural \{4. Twin, triplet, or or births \{5. Number, in order or \}	ther 6. Premature 7. Legiti- of birth Full term mate? 9. 8. Date of birth 1 - 25, 193. (Month, Day, Year)
9. Full FATHER name	18. Full MOTHER maiden
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race. 12. Age at last bi	irthday. 3. 4 (years) 20. Color or race
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	TVDISE DIFFE OF V
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work 17. Total tires.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) 26. Total time (years) spect
last engaged in this work 17. Total time 1.	last engaged in this work
27. What prophylactic was used to prevent ( 28. Number of children of this mother (At	t time of this birth and including this child)  Born alive and now living
29. If stillborn, 6 20	months or weeks  30. Cause of Stillbirth Before labor.
CERTIFICATE I hereby certify that I attended the birth of	OF ATTENDING PHYSICIAN OR MIDWIFE
When there was no attending physician	(Born Alive or Stillborn)
or midwife, then the father, householder, etc., should make this return.	(Signed) X
Give name added from	or
a supplemental report	Address Address
(Date of)	Filed Dec. 8 1989 Lyda Kodgers
	Registrar. Begistrar.

• • 

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEA	A PENT T	TATE OF IDAR		DO NOT WRITE IN	HIS SPACES
County of Campan		OF VITAL ST		11	6962
City of Names	CERTIFIC	CATE OF	DEATH	State File No	***************************************
City of	73	-4-4-4-35	362		
	Registration Di		***************************************	- -	a 1 A
	· Primary Regist		•	Local Registrar's No	2/0
		24 - 11	aux. no		
li .	th occurred in a hospital or			of street and number)	
2. FULL NAME	2 tellem	Bana	mue	a	· ,
(a) Residence.	No. 6 24-11	th ave.		st Nampa, o	daho
(Usual place Length of residence in o	of abode) city or town where death occ	urred. vrs. m	(If nonres	ident give city or town an n U.S., if of foreign birth?	id state) yrs, mos. ds.
	D STATISTICAL PARTICU			L CERTIFICATE OF DEA	
	lor or Race 5. Single, Mar		MEDIUA	L CERTIFICATE OF DES	LIB
4	ed or Divorce	d (write the	21. DATE OF DEA	ATH (month, day and year	1-25 1989
	mer word) St	ugle	22. I HEREBY C	ERTIFY, That I attended	deceased from
5a. If married, widov HUSBAND of	ved, or divorced		an 11-25	., 198. <b>?, to</b>	198
(or) WIFE of	(month, day, and year)	·	I last saw h	Hvo on . /. / 2. 5, 198 . 5	death is said
" DATE OF BIRTH	25- 39	11		on the date stated above,	
7. AGE Years		If LESS than		se of death and related on	
"5 tile	ا مناها	1 day, hrs.	tance were as f	(oliows:	Date of easet
8. Trade, profession		or min.	Protech	sed Card	
kind of work	done, as spinner,	1	. U . 2.84 . 4.47 . M		
9. Industry or bus	siness in which	······································	Clro 6	2 matation.	
kind of work snwyer, bookke 9. Industry or bus work was done snw mill, band 10. Date deceased ed at this	e, as silk mill, 📂	<b> </b>			
10. Date deceased	last work. 11. Total time		· • • • • • • • • • • • • • • • • • • •	· · · · · <b>· f</b> . · <sub>·</sub> · · · · · · · · · · · · · · · · ·	.
ed at this (mo. and yr.) .	occupation spent in this occupation	,	Other contribut	ory causes of importance:	,
12 RIPTURIACE (	eity or town). M	34.40			
(State or cou	ntry)			• • • • • • • • • • • • • • • • • • • •	
13. NAME W. 14. BIRTHPLACE (State or control of the					.
E 14 DIDDUDI ACE		mue	Name of operation	n	Date of
14. BIRTHPLACE		Kansas	What test confirm	ed diagnosis? Was ther	e an autopsy?
				due to exter'l causes (viole	nce) fill in also
15. MAIDEN NAM	and and	mgan_	the following: Accident, suicide,	or homicide? Date	of injury, 193.
16. BIRTHPLACE	(city or town)	Kanaaa		y occur?	
17. INFORMANT	Mi Mine and A	- Canada		pecify city or town, county Injury occurred in <b>industry</b>	
(Address)	Namba Idal	20	•		
11	ATION OR REMOVAL		•	y	
	la, . A. Aaho. Date				
19. UNDERTAKER	Williams a. Da			or injury in any way relate	d to occupation
(324355)	Lampa, paans		of deceased?	Ti many the	·
20. FILED XX.	, 1939. Lydar l. (4	orgers.	(Signed) (Address)	1 Dames	rdaho
#	<b>/</b>	Registrar.	(ESSTEDA)	· · · · · · · · · · · · · · · · · · ·	

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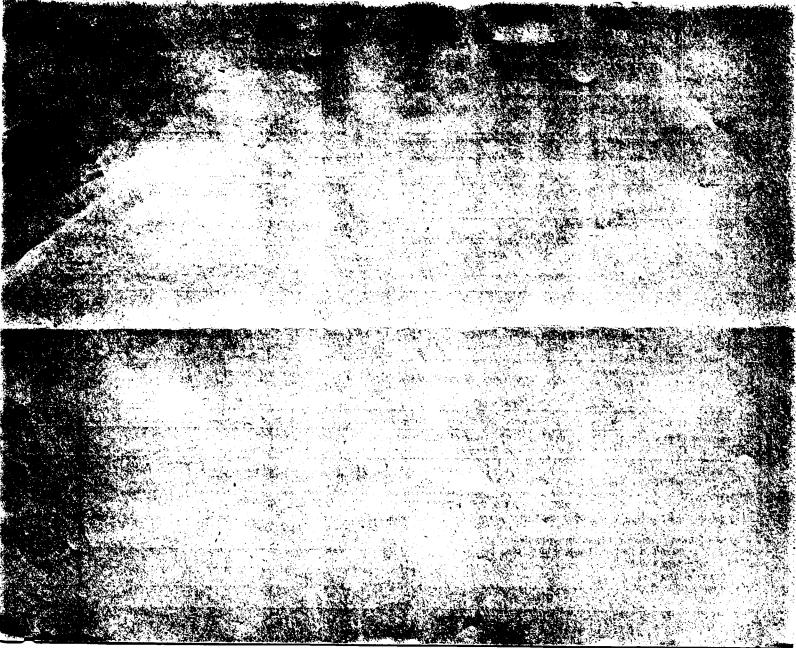
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO CE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of the BUREAU OF VITAL STATISTICS City & CERTIFICATE OF BIRTH ...Local Registrar's No. \_\_\_\_\_\_ Rrim. Registration District No. \_\_\_\_\_\_\_ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_\_ Premature... 7. Legitibirth //- 1 9 3. Sex 1 births 5. Number, in order of birth..... Full term.... mate? 형 (Month, Day, Year) PERMANENT RECORD MOTHER 9. Full FATHER 18. Full maiden QQ 0 name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State). (If non-resident, give place and State).... 11. Color or race 12. Age at last birthday 24 (years) 20. Color or race 21. Age at last birthday 26 (years) 22. Birthplace (city or place) Francete. 13. Birthplace (city or place).... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc.

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16. Date (month and year)

17. of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work..... UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillborn. During labor 29. If stillborn. period of gestation b/v months 30. Cause of Stillbirth ..... or weeks Before labor WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was still my last a m. on the date above stated. (Born Alive or Stillbern) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.



STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

1. PLACE OF DEATH

Registered No.

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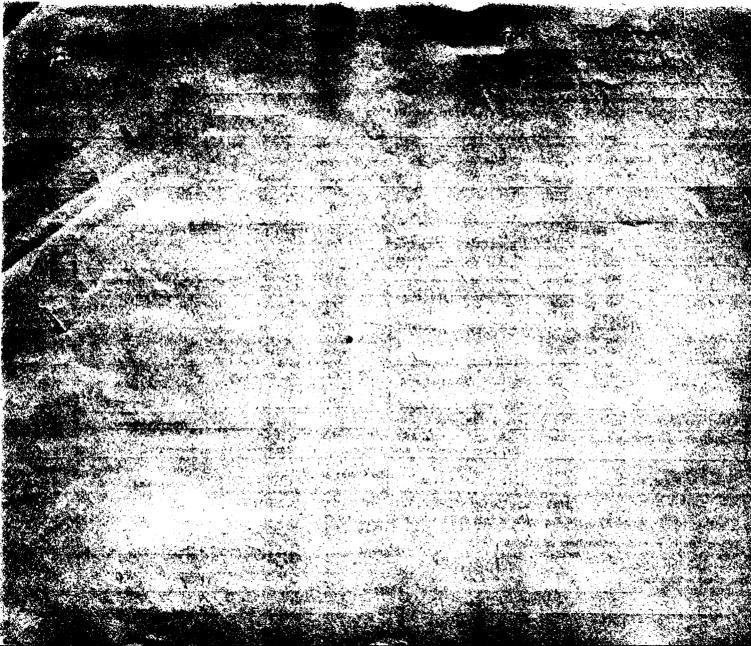
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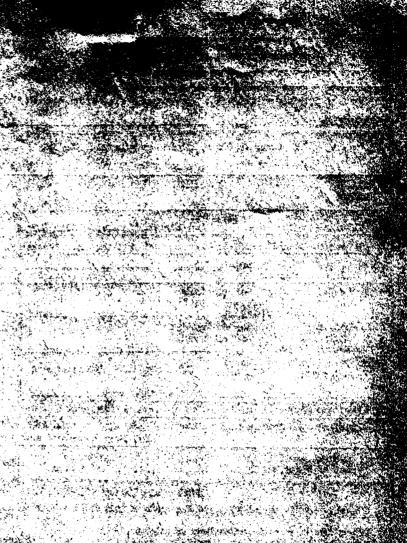
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EVAMPLE TO

EVANILIE 1		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL STAGE	EOD EUDIN	IER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE	FOR FORTE	TER STATEMENTS BY PHISICIAN	****
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	·····		***************************************
	****************************	4	

LACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No. \_State File No. 287475 Registration District No. (If born in hospital or institution give name.) Y Stilluth Dawer 2. FULL NAME OF CHILD..... ₩.Ħ 8. Date of If plural (4. Twin, triplet, or other...... 6. Premature.... 7. Legiti-11-13 1985 birth 5. Number, in order of birth... RECORD. Full term.... mate? (Month. Day, Year) 9. Kull 18. Full FATHER. MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) nosco-PERMANENT - (If non-resident, give place and State) 11. Color or race Multe 12. Age et last birthday 26 (years) 20. Color or race. There 21. Age at last birthday 3 (years) 13. Birthplace (city or place) / obstance. 22. Birthplace (city or place)...... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner of work done, as housekeeper, sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. ..... 日か 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. ..... lawyer's office, silk mill, etc. ... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent lest engaged in this work 26. Total time (years) pent dast engaged in this work I realist 19 resent in this work & 440 in this work... 27. What prophylactic was used to prevent Ophthalma Neonatorum? UNIFADING (At time of this birth and including this child) 28. Number of children of this mother During labor 29. If stillborn. months WITH UN Separate 30. Cause of Stillbirth ..... or weeks period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 8 2m. on the date above stated. I hereby certify that I attended the birth of this child, who was still the birth of this child. (Born Alive of Still new) When there was no attending physician, (Signed) or midwife, then the father, hoseholder, etc., should make this return. ..... Midwife Give name added from child Address ..... 74 a supplemental report..... (Date of) Registrar.





	Pı	rimary Reg ocal Regist	rar's No. Hq.	olve it	s name and nun	instes	id of
h)	Mos.	Days	How long in U. S. If of foreign birth?	Yrs.	Mos.	Day	78
th	44 = 0.3				·····	- <del></del>	
	NCOZ	5-A	(If non-resident give city o	r county s	nd state	)	
PA	RTICULA	RS	MEDICAL CERTIFIC				
Singl	e. Marrie	d. Widowed	21. DATE OF DEATH	7/20			
Divo	rced (writ	te the word)	(month, day and year) 11/1 22. I HEREBY, CERTIFY, That I		- Accord	from	
		<del></del>	11/13/39 To to				150
			11,10,3, 10	,			/
			I last bear handler on	***************************************	0		is said <u>A • m</u> .
•	1 939		to have occurred on the date stated.  The principal cause of death and	above, at	- 5-4-	of On	
	If less the	an 1 day	causes of importance in order of one	set were	Yr.		Day
hrs.	p	nin	as follows:		1	i	
d of	work dor	10			1		
			Due penz.	·····			
k w	as done				].		
	Hana (w	s.) spent i					
nis (	occupation	1			1 1		
			Contributory causes of importance r	ot	[		
7 81	nd State,	or Country	plated to principal causes				
•			The state of the s				
			the star neck him	<u></u>	<b> </b>		
er			Where was disease first diagnosed?				
aty (	and State,	or Country	Name of operation	dat	te of	.,	
118	sh.		Condition for which performed	-			
<b>e</b> .	M. No	a #	1				
<u> </u>	nd State	or Country	What test confirmed diagnosis?	Zes there	n Indus	mt 9	
ity (	mid State,	01 000000					
<del></del>	7		23. If death was due to external ca				owing:
	タンプ	<u>v</u> c	(Check) Accident—Suicide—Homicid		injury	*********	
•				occur? y or town.	county s	nd st	ate)
L			Check whether injury occurred in in				
D	ate //-	15 1939		- 			
	1		Nature of injury				
			24. Was disease or injury in any	way relat	ed to o	ccupat	ion of
18	8		deceased? If so, specify .				
PI	CRM IS	su <b>ķ</b> d,	10011				
				hor	4		<b>M</b> . D.
u	yen	house	(SIGNED)	100	Talle 1		.mi. 1).
	1 1 1		(Address)		WW.		

Registered No.

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

5. Single, Married, Widowed, or Divorced (write the word)

11. Total time (yrs.) spent in this occupation

Yrs.

Stillbirth

Days

deanette M. Mots

PERSONAL AND STATISTICAL PARTICULARS

(Address) ...

Write Plainly with Unfading Ink—This is a permanent record carefully back 8 Explanations Read

•

1. PLACE OF DEATH

Length of residence in County where death occurred

5a. If married, widowed, or divorced

Years

10. Date deceased last worked at this occupation (month

Moscow. Idaho

de.

20. FILED AND BURIAL OR REMOVAL PERM

and year) ....

15. MAIDEN NAME

SIGNATURE OF

19. UNDERTAKER

(Address)

(Address) MOSCOW

13. NAME

Mother

County of.....

2. FULL NAME

3. MALE FEMALE Male

7. AGE

(a) Residence:

Husband of (or) Wife of 6. Date of Birth Latah

(Home, Hospital or Institution)

White, Black, Yellow, Red

White

(Month, day and year) NOV. 13.

Months

8. Trade, profession, or particular kind of work done

12. BIRTHPLACE (City or Town, County and State, or Country)

Lewis E. Hower

14. BIRTHPLACE (City or Town, County and State, or Country) Toppenish. "ash.

BIRTHPLACE (City or Town, County and State, or Country) Colo

Idaho

Moscow

9. Industry or business in which work was done

MOSCOW City of Gritman Hospitak

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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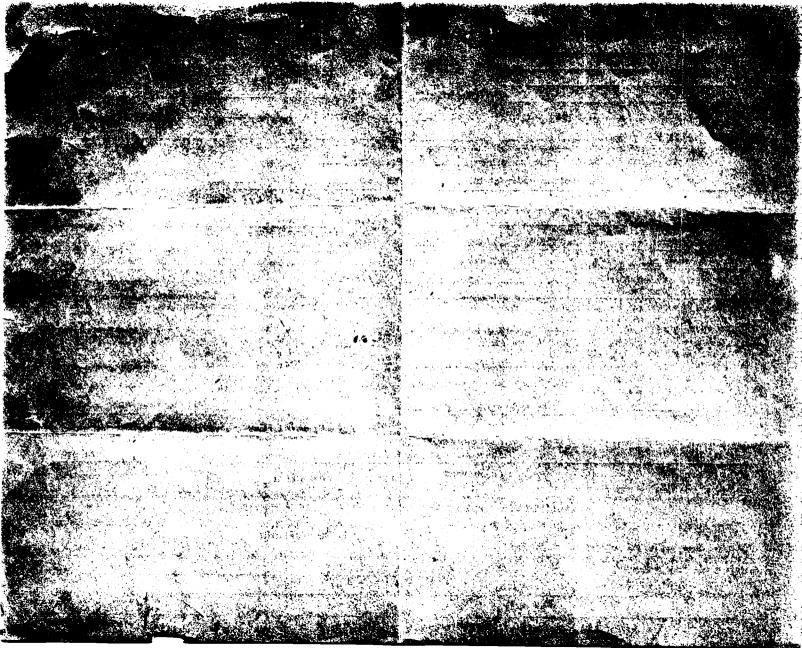
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	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

PLACE OF BIRT STATE OF IDAEO DEPARTMENT OF PUBLIC WELFARE County of Mira BUREAU OF VITAL STATISTICS City of County Metinit CERTIFICATE OF BIRTH State File No. Registration District No. ..... Prim. Registration District No. 2085 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8 Date of If plural [4, Twin, triplet, or other\_\_\_\_\_\_\_6. Premature\_\_\_\_\_\_7. Legitibirth Tod. 3. Sex births mate? -5. Number, in order of birth..... Full term. (Month. Day, Year) , נה חצו PERMANENT RECORD 9. Full 18. Full MOTHER **FATHER** maiden 🗻 name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State). Filer (If non-resident, give place and State) 11. Color or race | 12. Age at last birthday (years) 20. Color or race 21. Age at last birthday 26 (years) 13. Birthplace (city or place) . Clair Countr (State or Country) (State or Country) Misser 23. Trade, profession, or particular kind each, 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, lawyer's office, silk mill, etc. made sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work Must be last engaged in this work in this work..... in this work......Z\_\_ |------ 19-----...... 19...... WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....... (b) Born alive but now dead...... (c) Stillborn..... 29. If stillborn. Before labor..... months 30. Cause of stillbirth. period of gestation..... or weeks latin distoria During labor CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE \_\_at/0:10 m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... child at E (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., } should make this return. ..... Midwife Give name added from a supplemental report Address ... WRITE (Date of) Filed . Registrar.



STATE OF IDAHO should state PLACE OF DEATH OCCUPA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of 116966 CERTIFICATE OF DEATH State File No.... City of.... Registration District No. Primary Registration District No. 2085 **PHYSIGIANS** Local Registrar's No. a hospital or institution, give its name instead of street and number) (If death, occurred Baby Davis 2. FULL NAME Twin Falls, Edaho Route # (a) Residence, No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERMANENT EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the 22. I HEREBY CERTIFY, That I attended 54 W word) 5a. If married, widowed, or divorced stated HUSBAND of (or) WIFE of [ last saw h..... alive on. 6. DATE OF BIRTH (month, day, and year) 2 to have occurred on the date stated shove, at 7. AGE If LESS than Years Months Days, The principal cause of death and related causes of importance should 1 day ..... hrs. Date of ones or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, AGE sawyer, bookkeeper, etc. ... 9. Industry or business in which work was done, as silk mill, See instruction supplied. ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation 12. BIRTHPLACE (city or town (State or country) carefully plain 13. NAME Name of operation..... .. Date of. What test confirmed diagnosis? T.... Was there an autopsy? 14. BIRTHPLACE (city or town) very important. (State or country) DEATH in 23. If death was due to exter'l causes (violence) fill in also the PLAINLY, information should be following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury...... 193.... Where did injury occur? ... 16, BIRTHPLACE (city or town (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in OF 17. INFORMANT public place. (Address) 80 Manner of injury..... 18. BURIAL, CREMATION OR REMOVAL CAUSE NOLL Nature of injury..... 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER deceased? o If so, specify (Address) (Signed)

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To be complete, an occupation return must state:

- 8.—The trade, profession, or paricular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

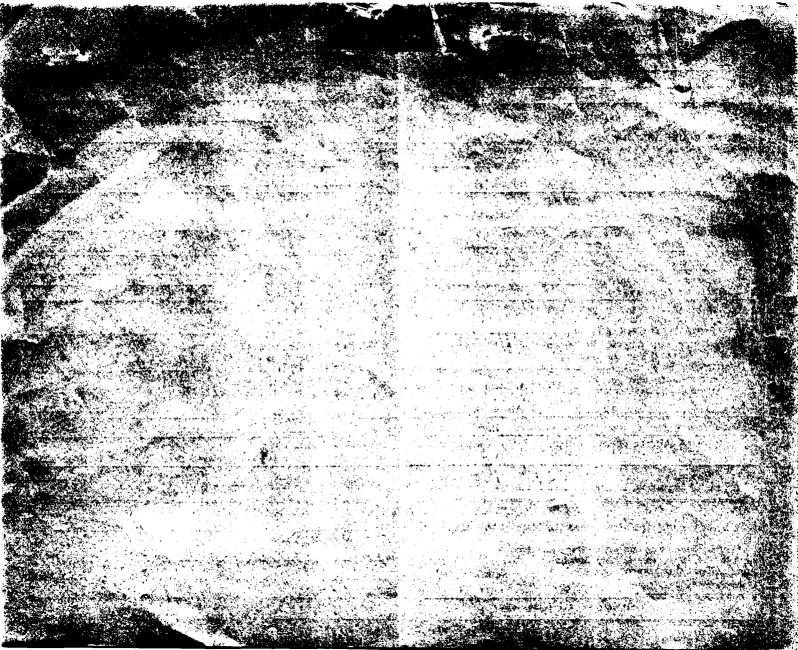
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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
	***************		****************
	•••••	• • • • • • • • • • • • • • • • • • • •	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of.... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 287477 Registration District No. /2 3 State File No. (If born in hospital or institution give name.) Prim. Registration District No. 220/Local Registrar's No. 170 2. FULL NAME OF CHILD..... 8. Date of 6. Premature 5mes 7. Legiti-If plural (4. Twin, triplet, or other.... 3. Sex / birth Mov, 5 births 5. Number, in order of birth... mate? 5 Full term..... (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name Charles moore Edwyna Elinabeth Broadk maiden name 10. Residence (usual place of abode) // W. Station (100) 19. Residence (usual place of abode) 11 W. Statie (If non-resident, give place and State). Kellays 11. Color or race white 12. Age at last birthday 29 (years) 20. Color or race. White | 21. Age at last birthday 28. (years) 13. Birthplace (city or place) Magazi, Mako 22. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, housekeepe sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, Real sawmill, bank, etc. work was done, as own home. lawyer's office, silk mill, etc. ... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work VG INK-must be now-Oct 19.39 in this work Luo in this work. UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living bue (b) Born alive but now dead....... (c) Stillborn bull 29. If stillborn. months Before labor..... WITH UN Separate 30. Cause of still birth O alterperiod of gestation. or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stillbow .at LUCE m. on the date above stated. (Born Alive or Stalborn) When there was no attending physician (Signed) ...... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from child a supplemental report..... (Date of) Registrar. Registrar.



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	•		

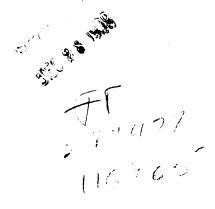
C. A. BOTTOLFSEN. GOVERNOR EMORY AFTON, COMMISSIONER DEPARTMENT OF PUBLIC WELFARE

H. L. MCMARTIN, M. D., DIRECTOR DIVISION OF PUBLIC HEALTH

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DIVISION OF PUBLIC HEALTH BOISE

BOARD OF PUBLIC WELFARE FRANK ENSIGN. BOISE T. S. KERR. Moscow I. E. ROCKWELL, BELLEVUE L. O. NICHOLS, BOISE FRANK ATKINS, BUHL

December 20, 1939



Edwin G. Lee, M.D. 711 McKinley Avenue Kellogg, Idaho

Dear Doctor Lee:

C

We have the birth and death certificates for stillborn baby boy Moore.

The birth certificates states this baby was stillborn November 5, 1939 with period of gestation 5 months. death record gives the date of stillbirth as November 6, with 6 months gestation.

Please make a notation on the bottom of this letter giving the correct date of birth and correct period of gestation.

Sincerely yours.

A An Mostering

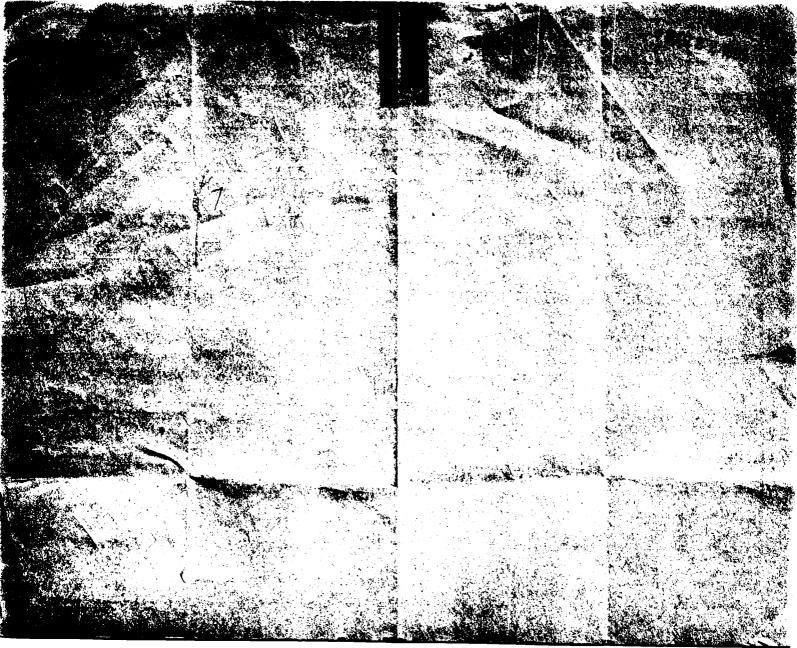
H. L. McMartin, M.D., Special Agent Bureau of the Census

This was a mistake by the Mire girl who gills out the veconds.

Description of Birth: Workenber 5, 1939

Derived of gestation: 6 months

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of Swin BUREAU OF VITAL STATISTICS of more City of.... CERTIFICATE OF BIRTH Registration District No. .. State File No. case of Prim. Registration District No. 2085 Local Registrar's No. 6.33 In car (If born in hospital or institution give name.) 2. FULL NAME OF CHILD TEMBERUL A 8. Date of July 25 198 3. Sex Full term MO mate? (Month, Day, Year) 5. Number in order of birth..... PERMANENT RECORD. ch, and the number of ea MOTHER FATHER 18. Full 9. Full maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) Bull (If non-resident, give place and State) (If non-resident, give place and State) ..... 22. Birthplace (city or place) Sugges 13. Birthplace (city or place).... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. for 24. Industry or business in which 15. Industry or business in which work was done, as own home, -THUS made work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work INKþe last engaged in this work in this work 5 Mm ..... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING te Return m (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillborn.... Before labor. Mangles months 29. If stillborn. 30. Cause of Stillbirth ..... period of gestation about 17 Mo. or weeks During labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was Stull by (Born Alive or Stillborn TFE PLAINLY child at birth " When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report..... (Date of) ecol Registrar.



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TYAMPLE I

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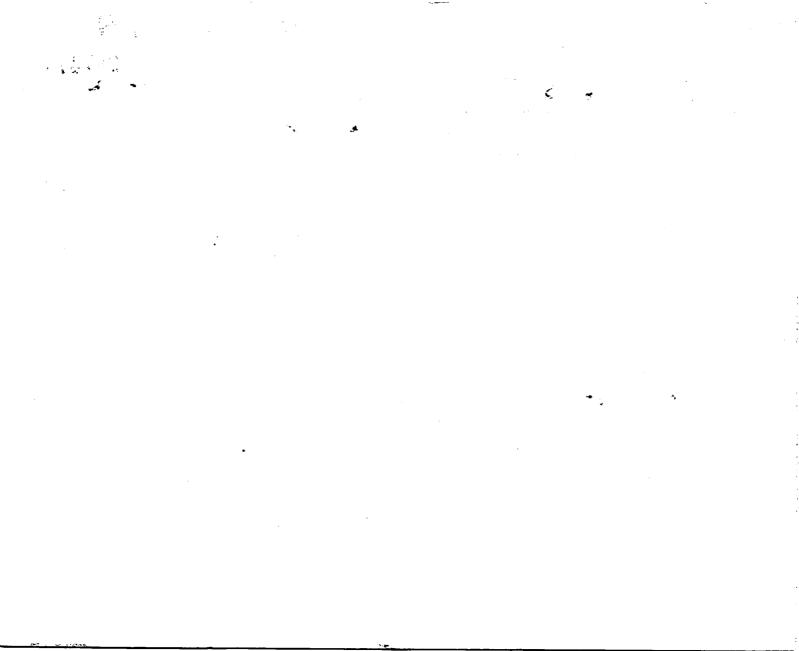
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EXAMPLE 1		EXAMPLE II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		•	***************************************

1. PLACE OF BIRTH County of Washington	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
No. R. J. Bt. St.	CERTIFICATE OF BIRTH 287479 tion District No. 32 ( State File No. )
(If born in hospital or institution give name.) Prim. R 2. FULL NAME OF CHILD.	egistration District No. Local Registrar's No. 44
3. Sex births 4. Twin, triplet, or other	birth 100 193 /
9. Full FATHER name Land Will.  10. Residence (us al place of abode)	18. Full  maiden  name  Alles Gladys  19. Residence (usual place of abode)
(If non-resident, give place and State)	(If non-resident, give place and State)
13. Birthplace (city or place)	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, farmer sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
work was done, as sirk min, farmer sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) sp  19.32 in this work	
27. What prophylactic was used to prevent Ophthalmia	Geonatorum?
	birth and including this child) d now livingO (b) Born elive but new dead. (c) Stillborn Que
29. If stillborn, period of gestation from the or weeks	30. Cause of stillbirth Before labor. During labor.
CERTIFICATE OF ATTEN I hereby certify that I attended the birth of this child, wh	OWAS Alexander Stillbozzo at 13:5 pm. on the date above state
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.	(Signed) 7 (Solomy M. I
Give name added from a supplemental report	Address Wiss Dashy,
(Date of)	Filed 12-4 1939 Marie Hautters
Registrar.	Registrar.

- A



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vith Unfading Ink Read Explanations

Plainly

carefully

back

O

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

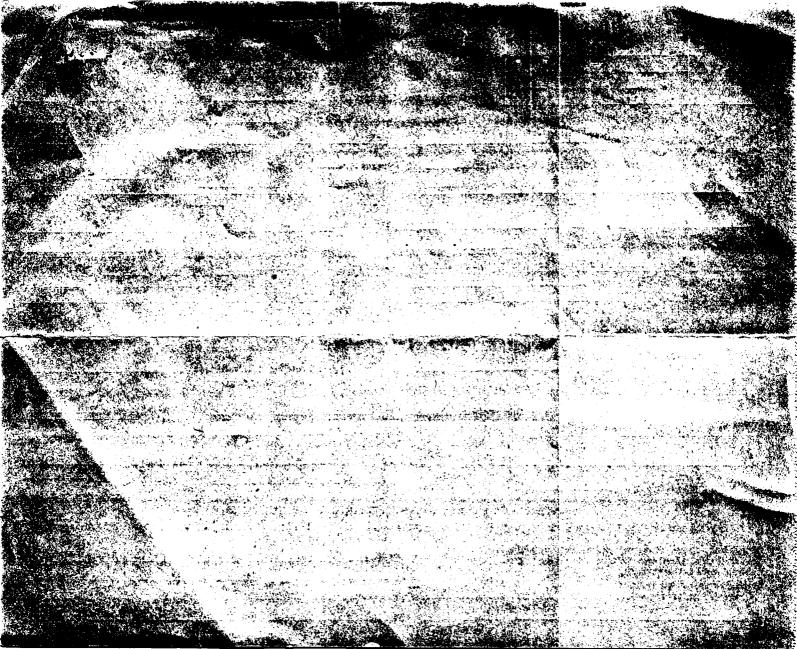
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	· · · <del>- ·</del> · · · · · · · · · · · · · · · · · ·

CATE OF DAHO PLACE OF BIRTH RECEIVED PRARTIES OF PUBLIC WELFARE County of Ada City of BOISE JAN 1 0 1940 CERTIFICATE OF BIRTH No. 1617 N. 24th. The Salvation Army Hospital Registration District No. .....State File No. ... Prim. Registration District No. Loce Registrar's No. 100 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD GITL Neil 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_\_\_6. Premature\_\_\_\_\_7. Legiti-Sax F birth 12-12-39 198 births ' Yes Full term Yes mate? 5. Number, in order of birth..... (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden Letcher P. Neil Marrold E. Beem name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) 902 N. 7th (If non-resident, give place and State) 1902 N. 7th. the 13. Birthplace (city or place) Boise 22. Birthplace (city or place) Lincoln, Nebr. and (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, lanager Heil sawyer, bookkeeper, etc. of work done, as housekeeper. typist, nurse, clerk, etc. Housewife 15. Industry or business in which Coal Co. 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. sawmill, bank, etc. lawyer's office, silk mill, etc. 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent WITH UNFADING INK-Separate Return must be last engaged in this work in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother 1 (At time of this birth and including this child) During labor..... 29. If stillborn. months 30. Cause of Stillbirth ..... period of gestation..... or weeks Before labor\_\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who wastillborn 8.17 atP. M. m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. . Midwife Give name added from Address & WRITE one child a supplemental report (Date of) Filed ... Registrar.

PERMANENT RECORD.



Registration Dist. No.  Boise Primary Reg. Dist. No.  Selvation Arry Haspital Local Registrat's No.  How long in U. S. If of foreign irrect and numbers of street and numbers of			THE PART OF PARTY OF THE PARTY	Kr Pri 11mac
County of Bolse   Primary Reg Dist. No.   If death occurred in heightial or institution   Primary Reg Dist. No.   Selvation Arry Hospital   Local Registrar's No.   Selvation Arry Hospital or institution   Primary Reg Dist. No.   Selvation Arry Hospital or institution   Primary Reg Dist. No.   Selvation Arry Hospital or institution   Primary Reg Dist. No.   Selvation   Primary Reg Dist.   Selvation   Primary Reg Dis	1. PLACE OF DEATH			Registered No. 1114U
Solve its name instead of street and number.  Length of residence in County  YE. Mos. Days  How length of residence in County  YE. Mos. Days  Princess Marrold Hell  (if non-resident give city or county and state)  MEDICAL CERTIFICATE OF DEATH  Mos. Days  MEDICAL CERTIFICATE OF DEATH  In the State of Sive its same instead of street and number.  It was a princess Marrold Hell  (if non-resident give city or county and state)  MEDICAL CERTIFICATE OF DEATH  In the Wildow, Red Sive Miles Married, Widowed, or divorced in Sive of		<b></b>	250	
Length of residence in county	BA1 AA			olve its name instead of
Lengths, of residence in County where, death occurred where, death occurred birth?  Princess Marrold Hell  Princess Marrold Hell  Princess Marrold Hell  Princess Marrold Hell  Personal And Statistical Particulars  Personal And Statistical Particulars  MALE Awhite, Black, Yellow, Red of Diverged (write the word)  Personal And Statistical Particulars  MEMALE 1 White, Black, Yellow, Red of Diverged (write the word)  Personal And Statistical Particulars  MEDICAL CERTIFICATE OF DEATH  M	CILY OL	-		atreet and number.
PERSONAL AND STATISTICAL PARTICULARS  MALE MALE MALE MALE MALE MALE MALE MAL	Length of residence in County			Yrs. Mos. Days
PERSONAL AND STATISTICAL PARTICULARS  MALE MALE MALE MALE MALE MALE MALE MAL	2. FULL NAME	444.144.444.444.774.144.444.444.444.444.		
MALE PERSONAL AND SURVING Black.  MALE Valow, Belck.  The principal cause of decased from Divide of Divide of Divide of Single (write the world) stage of Divide of Corp. Wife of Date of Birth (Month, day and year)  Date of Birth (Month, day and year)  8. Trade, profession, or particular kind of work done  10. Date deceased last worked at this occupation (month and year)  11. Total time (yra.) spent in this occupation (month at thi	(a) Helkolcu 1940 196	2 North 7th Street		or county and state)
MALE FEMALE 1. White, Black Single, Married, victower, Yellow, Red FEMALE  FEMALE  FINALE  FEMALE  FINALE  FEMALE  FEMALE  FINALE  FEMALE  FEMALE  FINALE  FEMALE  FINALE  FEMALE  FINALE  FINALE  FEMALE  FINALE  FIN	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
in the married, widowed, or divorced (in the date stated above, at the principal cause of death and related to have caused in which work was done (in married, widowed, or death and related (in the principal cause of death and related (in	MALE 4. White, Black, Yellow, Red	I E Cinala Married Willowell.	(month, day and year)	
Date of Birth   Days   If less than I day   Days   If less than I day   Days   If less than I day   Days   Days   If less than I day   Days	a. If married, widowed, or divorce			
Date of Birth   Date   Date   Date   Date of Onset   Date of	(or) Wife of		I last saw h alive on	
8. Trade, profession, or particular kind of work done    Name		ember 12th, 1939	to have occurred on the date state The principal cause of death ar	ed above, atm.
8. Trade, profession, or particular kind of work done  8. Trade, profession, or particular kind of work done  8. Trade, profession, or particular kind of work done  9. Industry or business in which work was done  10. Date deceased last worked 11. Total time (yrs.) spent in at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  13. NAME Letcher Feil  14. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  Where was disease first diagnosed? What test confirmed diagnosed? Was there an inquest?  15. MAIDEN NAME MATTOLE BEEN  16. BIRTHPLACE (City or Town, County and State, or Country)  Lincoln, Kebraska  17. SIGNATURE OF What test confirmed diagnosed? Was there an inquest? Was there an autopsy? Was there an inquest?  18. BURKAL, CREMATION OR REMOVAL  Place Cloverdale Date of injury  19. UNDERTAKER MEBRATARS Funeral Home  (Address) Boise, Idaho  20. FILED AND BURIAL OR REMOVAL PERMITISSUED  M. D.  10. Date deceased last worked in this occupation of deceased? If so, specify  11. Total time (yrs.) spent in this occupation of deceased? If so, specify  Where was disease first diagnosed? Where was disease	10010	= -	as follows:	
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  13. NAME Letcher Weil  14. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  15. MAIDEN NAME Marrold Been  16. BIRTHPLACE (City or Town, County and State, or Country)  Lincoln, Bebrasks  17. SIGNATURE OF Lincoln, County and State, or Country  (Address) / 10 2 1 0			Grebral Jeman	huge 39 12 12
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  13. NAME Letcher Weil  14. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  15. MAIDEN NAME Marrold Been  16. BIRTHPLACE (City or Town, County and State, or Country)  III. SIGNATURE OF Lincoln, Webraska  17. SIGNATURE OF Lincoln, Webraska  18. BURIAL, CREMATION OR REMOVAL PERMITISSUED  19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho  20. FILED AND BURIAL OR REMOVAL PERMITISSUED  10. Date deceased last worked in this occupation this occupation in this occupati	None			
at this occupation (month and year)  12. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  13. NAME Letcher Neil  14. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  15. MAIDEN NAME Marrole Been  16. BIRTHPLACE (City or Town, County and State, or Country)  17. SIGNATURE OF Lincoln, Hebrasha  18. BURIAL, CREMATION OR REMOVAL PERMITISSUED  19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho  20. FILED AND BURIAL OR REMOVAL PERMITISSUED  AND Contributory causes of importance not related to principal causes  Where was disease first diagnosed?  Where was disease first diagnosed?  Where was disease first diagnosed?  What test confirmed diagnosis?  Was there an inquest?  Was there an inquest?  (Specify city or town, county and state)  Check whether injury occurred in industry—home—public place—Manner of injury  Nature of injury Mature of injury in any way related to occupation of deceased?  If so, spacify  M. D.	9. Industry or business in whi			
related to principal causes  12. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  13. NAME Letcher Neil  14. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  15. MAIDEN NAME Marrold Been  16. BIRTHPLACE (City or Town, County and State, or Country)  Lincoln, Mebraska  17. SIGNATURE OF INFORMANT (Address) / Jo ) / Lo John (Bernard Home)  19. UNDERTAKER MCBratney Funeral Home  (Address) Boise, Idaho  20. FILED AND BURIAL OR REMOVAL PERMIT/ISSUED	10. Date deceased last worked at this occupation (month	11. Total time (yrs.) spent in this occupation		
Boise, Idaho  13. NAME Letcher Neil  14. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  15. MAIDEN NAME Marrold Been  16. BIRTHPLACE (City or Town, County and State, or Country)  Lincoln, Nebraska  17. SIGNATURE OF	and year)		related to principal causes	
Where was disease first diagnosed?    13. NAME   Letcher Neil   14. BIRTHPLACE (City or Town, County and State, or Country)   Doise, Idaho   Condition for which performed   Condition for whi	12. BIRTHPLACE (City or Town, Boise, Id.	county and State, or Country)	***************************************	
14. BIRTHPLACE (City or Town, County and State, or Country)  Boise, Idaho  15. MAIDEN NAME Marrold Been  16. BIRTHPLACE (City or Town, County and State, or Country)  Lincoln, Mebraska  17. SIGNATURE OF	h 13 NAME Letcher No	<u>ii</u>	Where was disease first diagnosed	Lulvaturam
Boise, Idaho  15. MAIDEN NAME Marrold Been  16. BIRTHPLACE (City or Town, County and State, or Country)  Lincoln, Mebraska  17. SIGNATURE OF Address)	14. BIRTHPLACE (City or Town	n, County and State, or Country)	1	
The state of the s				
16. BIRTHPLACE (City or Town, County and State, or Country)  Lincoln, Kebracks  17. SIGNATURE OF  INFORMANT  (Address)   70 \( \)   10 \( \)	TO MANDEN NAME MATTO	lå Been	What test confirmed diagnosis?	<u> </u>
Lincoln. Nebracks  17. SIGNATURE OF TALLY  (Address) / 70 ) / 10			Was there an autopsy?	Was there an inquest?
17. SIGNATURE OF (Check) Accident—Suicide—Homicide? Date of injury  (Address) / 10 ) 10 7 7 7 7 7 7 1 1 19.  18. BURIAL, CREMATION OR REMOVAL  Place Cloverdale Date 12/14 19.39  19. UNDERTAKER McBratney Funeral Home  (Address) Boise, Idahe  20. FILED AND BURIAL OR REMOVAL PERMITISSUED  (Check) Accident—Suicide—Homicide? Date of injury (Specify city or town, county and state)  (Check) Accident—Suicide—Homicide? Date of injury (Specify city or town, county and state)  (Check whether injury occurred in industry home—public place  Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify  M. D.				causes, fill in also the following:
(Address) 70 ) 10 (Specify city of town, county and state)  18. BURIAL, CREMATION OR REMOVAL Place Cloverdale Date 12/14 19.39  19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idahe  20. FILED AND BURIAL OR REMOVAL PERMITISSUED  (Specify city of town, county and state)  Check whether injury occurred in industry home public place  Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify	17 SIGNATURE OF	he f. Herl	19 Where did injur	v occur?
Place Cloverdale Date 12/14 19.39  19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idahe  20. FILED AND BURIAL OR REMOVAL PERMITISSUED  Manner of injury Nature of injury in any way related to occupation of deceased? If so, spacify			(Specify c	nty or town, county and state)
19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idahe  20. FILED AND BURIAL OR REMOVAL PERMITISSUED  Nature of injury	Cloverdele		Manner of injury	And the second
(Address) Boise, Idaho  20. FILED AND BURIAL OR REMOVAL PERMITISSUED  M. D.	1 ace	w Tuneral Home	Nature of injury	as promised in
20. FILED AND BURIAL OR REMOVAL PERMITISSUED	10, O11D231101	J. F. MANA MANA MANA MANA MANA MANA MANA MAN		
M. D.			deceased? If so, specify	7
on Of 1987 by Registrar (Address) Cashan (State)		Jano/	(SIGNED) JOHN	with M. D.
	on / O 1987 by /	Registrar	(Address) Rushing	- stay

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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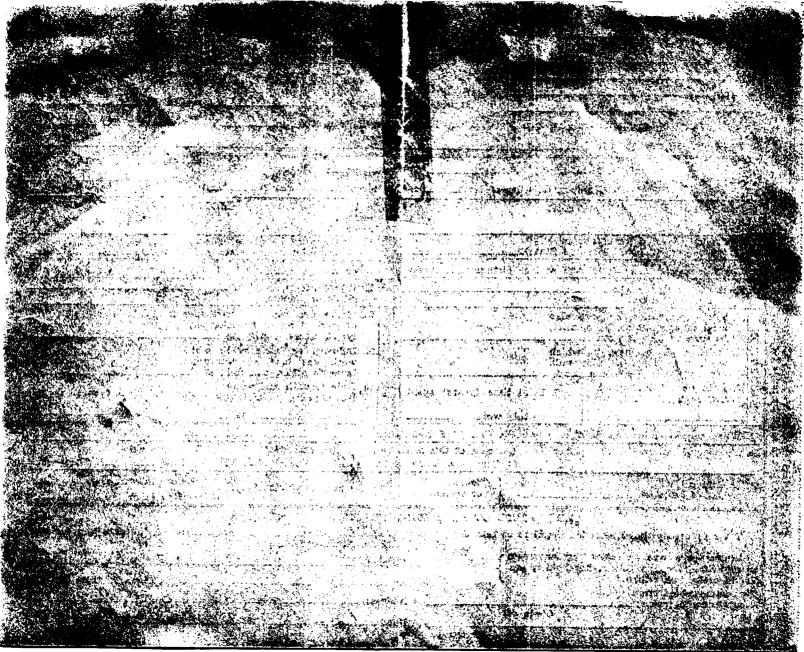
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		*	****

PLACE OF BIRTH TO TO AHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City CERTIFICATE OF BIRTH No. State File No. Registration District No. -Prim. Registration District No. 2/6/ Local Registrar's No. 6 (If born in hospital or institution give name.) FULL NAME OF CHILD A Date of If plural (4. Twin, triplet, or other\_\_\_\_\_ 6. Premature... 7. Legitibirth 11 - 15 hirtha 5. Number, in order of birth... Full term MA mate? (Month. Day. Year) MOTHER 18. Full 9. Full FATHER maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (Rocal (If non-resident, give place and Sta (If non-resident, give place and State). 11. Color or race. 1. 12. Age at last birthday 33 (years) 20. Color or race 22. (years) 22. Birthplace (city or place) Seattle . Xulana 13. Birthplace (city or place) Massianile (State or Country) (State or Country) 14. Trade, profession, or particular motion Recture 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as own home. work was done, as silk mill, sawmill, bank, etc. ... lawyer's office, silk mill, etc. . 25. Date (month and vear) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work. in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... (At time of this birth and including this child) 28. Number of children of this mother -Before labor..... months 29. If stillborn. 30. Cause of stillbirth Market period of gestation..... ~or-weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was... (Born Alive or Stillborn WRITE PLAINLY one child at birth a When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc. should make this return. Give name added from a supplemental report.... (Date of) Registrar.



1. PLACE OF DEATH CERTIFICA	TE OF DEATH	Registered No
County of Barree Registration	Dist. No.	If death occurred in
City of Possesses Primary Reg.		hospital or institution give its name instead of atreet and number.
Home, Hospital or Institution)	ar's No	street and number.
Length of residence in County Yrs. Mos. Days where dasti occurred	How long in U. S. if of foreign	Yrs. Mos. Days
Stroll form	Kaskelley	
2 FULL NAME	11860 Ida	ls 5
(a) Residence:	(If non-resident give city o	r county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3. MALH 4. White, Black, 5. Single, Married, Widowed, FEMALE Yellow, Hed or Divorced (write the word)	21. DATE OF DEATH (month, day and year)	
5a. Mmarried, widowed, or divorced	22. I HEREBY CERTIFY, That I a	//~/3° 47 5
(usband of (or) Wife of	I last saw h. alive on	1/ /4 15 Rd Death is said
6. Date of Birth (Month, day and year) //-/5/939-4	to have occurred on the date stated	aboye, atm.
Years   Months   Days   If less than 1 day	The principal cause of death and causes of importance in order of one	related   Date of Onset   get were   Yr.   Mo.   Day
7. AGE hrs min	as follows:	
C	subtush.	
9. Industry or business in which work was done	nother had a	Call
10. Date deceased last worked at this occupation (month this occupation		Call
and year)	Contributory causes of importance n	
12. BIRTHPLACE (City or Town, County and State, or Country)	related to principal causes	
13. WAMP ough area Rockelly	Where was disease first diagnosed?	Predille -
13.MAMS 0  14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation	
maryoute & don	Condition for which performed	
2 15. MAIDEN NAME LILLE ELLINGE	I MINT feet committee and mount	clinica
16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy?	
17. SIGNATURE OF A PAINTER AND LOS	23. If death was due to external ca (Check) Accident—Suicide—Homicid	
INFORMANT STATEMENT CARREST	Where did injury (Specify city	occur?
(Address)  18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in in	
Place Crusted Prace Date 11-13 1969	Manner of injury	
19. UNDERTAKER	Nature of injury	way related to occupation of
(Address)	deceased? If so, specify	A.
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED		Married
1-17 whom & C Kay	(SIGNED)	M. D.
(Date) Registrar	(Address)	

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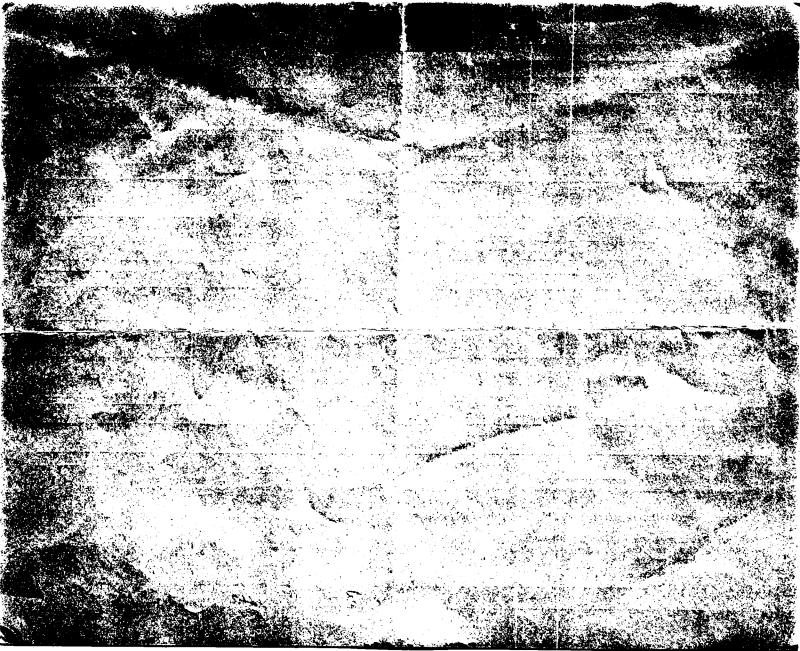
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones		Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
,			

*			144		
1. I	PLACE OF BIRTH	72° pm (40) pm		STATE OF IDAE	
County of	Bannock :	THE KECF	IVE DOEPARTM	INT OF PUBLIC	ATTEFETOR
Citizen of P	reatello, Idaho	AAN e			
No		SE JAN 1	I 1940 CERT	IFICATE OF	BIRTH 3 288776
IL.	anthony Hostete		n District No	<b>2</b> 8 st	ate File No.
					ocal Registrar's No. 700
(If born in ho	spital or institution give nam			L	ocal Registrar's No.
2. FULL NAI	ME OF CHILD Still	form Di	roun		
<del></del>			n.		8. Date of
3. Sex	If plural \( \)4. Twin, triplet,	or other6	Premature	7. Legiti-	birth /2 - 26 - 198 9
male	births \ 5. Number, in or	rder of birth	Full term 20	mate? 44	(Month, Day, Year)
9. Full	FATHER		∥18. Full	MO	THER
name 🗲	2 / /	n	maiden		
Ou	gene ardent	Drown/	name fl	nence Ma	rean Munrol
10. Residence	Asual place of abode) /62 sident, give place and State	Trayne Prostella &	19. Residence (1	isual place of abo	ode) 162 Wayne and State) Pocatello Sta
11. Color or re	ice   12. Age at las	st birthday. 上. 生 (yes			Age at last birthday 23 (year
	(city or place)		22. Birthplace (		
	Country) Ellenbur	g new york	(State or		llad montana
14. Trade,	profession, or particular work done, as spinner, 2/.	I Forestry	23. Trade, pr	ofession, or parti	
Z kind of	work done, as spinner,bookkeeper, etc	Sure	U or work	done, as housekee irse, clerk, etc	
91	or business in which	••••••••••••••••••••••••••••••••••••••	E 24 Industry	or business in	
≪ work w		Poratelle, Ida	work wa	done, as own	home, 1/
sawmill,		Totalelle, daa	lawyer's	office, silk mill, e	tc.
	onth and year) 17. Tot	al time (years) spe	25. Date (mo	onth and year) ged in this work	26. Total time (years) spent
	- ,		11	•	in this work 21 me
	ent, 19 in	this work 3 yr.		ut , 19.39	
27. What prop	hylactic was used to prev	ent Ophthalmia Nec	natorum?	gyrol 20	4
28. Number of	children of this mother	(At time of this bi	rth and including th	is child)	<b>A</b> .
		(a) Born alive and	now living (b)	Born alive but n	ow dead (c) Stillborn /
29. If stillborn	. 7	months	20. 20. 4	I Day	Before labor
period of a	sestation / Mo	or weeks	30. Cause of st		During labor
			pno		
		CATE OF ATTEND			17
I hereby co	ertify that I attended the bir	th of this child, who	(Born Alive or	Shuborn)	on the ofte above state
When then	e was no attending physic	cian 🤈	/	777/	Grather
or midwife, the	nen the father, hoseholder,		(Signed)	/ W	Jan Mess
should make t		, )	or		- A A A
Give name ad			Address	Lale	el Jacho
a supplement	d report(Date			N.	OC Roy
***************************************		**************	Filed 1-3-	, 19	Registrar.
		Registrar.			negistrak.



1. PLACE OF DEATH STATE OF IDAHO — DIV	VISION OF PUBLIC HEALTH  RE OF DEATH	eglatered No. 11740
Courty of Banna Champan Registration I Cit of Parallel Primary Reg.  Local Registr	Dist. No	if death occurred in hospital or institution give its name instead of street and number.
(Home, Hospital or Institution)  Length of residence in County Where death occurred	How long in U. S. If of foreign birth?	Yrs.   Mos.   Days   Da
2. FUED NAME Ornfart Word	(If non-resident give city or	county and state)
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT  21. DATE OF DEATH (month, day and year)	E OF DEATH
TEMALE  Yellow, Red or Divorced (write the word)  5a. If married, widowed, or divorced Husband of	22. I HEREBY CERTIFY, That I att	ended deceased from 1937
6. Date of Birth (Month, day and year) Dec26-39	I last saw he have of the have occurred on the date stated all the principal cause of death and the hard the ha	
7. AGE Years Months Days If less than 1 day hrs. min	causes of importance in order of onset as follows:	poope, at related Date of Onset Were Yr Mo. Day
9. Industry or business in which work was done	7 mo gratu	Zin 311
10. Date deceased last worked at this occupation (month and year)	Contributory causes of importance not related to principal causes	
12. BIRTHPLACE (City or Town, County and State, or Country)		LS
13. NAME Ought A. 14. BIRTHELACE City or Town, County and State, or Country)	Where was disease first diagnosed?	date of
15. MAIDEN NAME County and State, or Country)	Condition for which performed	there an inquest
17 SIGNATURE OF	23. If death was due to external cause (Check) Accident—Suicide—Homicide	? Date of injury
(Address) /62. Wayne ave.  18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in ind	or town, county and state)
19. UNDERTAKER Bying Balourage	Manner of injury  Nature of injury  24. Was disease or injury in any w	vay related to occupation of
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased. If so, specify	olusson 1
on/2-28.1939 by Registrar	(Address)	ell Jelaur

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

TOTAL TOTAL T

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

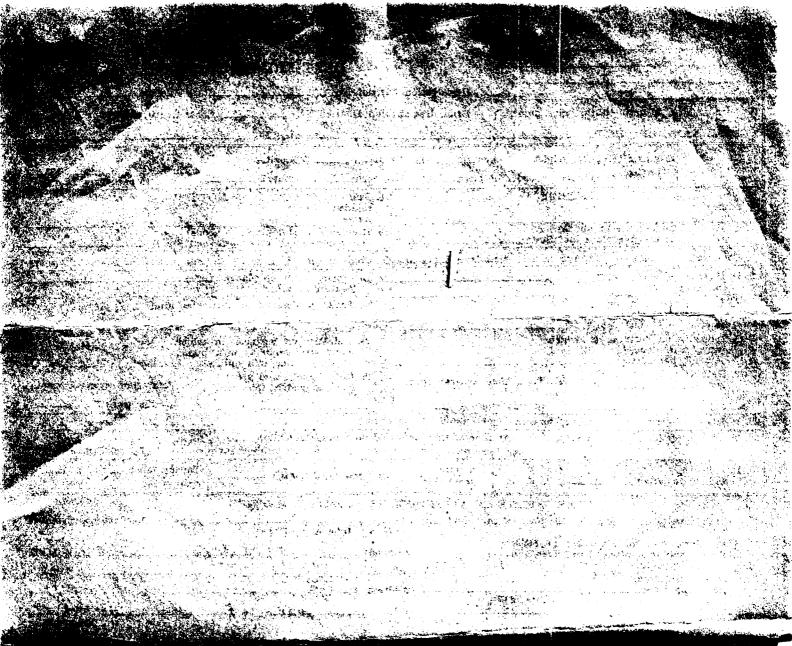
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PECEIVED ARTHUR OF PUBLIC WELFARE PLACE OF BIRTH County of ... BUREAU OF VITAL STATISTICS JAN 11 1940 CERTIFICATE OF BIRTH City of. ration District No. State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2/6/ Local Registrar's No. / 2. FULL NAME OF CHILD Alarath ä Ä 8. Date of If plural (4. Twin, triplet, or other..... 6. Premature... 7. Legiti-U. N. birth // 20 1987 births 5. Number, in order of birth... mate? Full term... (Month, Day, Year) PERMANENT RECORD. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State Jacobil 11. Color or race 12. Age at last birthday 28 (years) 20. Color or race 21. Age at last birthday (years) 13. Birthplace (city or place) Kurker I Ilo 22. Birthplace (city or place) Cactilli Oda (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. Hausewe sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. .... for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, UNFADING INK-THIS to Return must be made sawmill, bank, etc. ..... lawyer's office, silk mill, etc. . 16. Date (month and vear) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. months During labor WITH UN Separate 30. Cause of Stillbirth ... period of gestation..... Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stull on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) .... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report..... Address / Filed . Rogistrar. Begistrar. The same of the sa



1. PLACE OF DEATH	CER'	TIFICA	TE OF DEATH	Registered No
Pocatello Pocatello	R	legistration	Dist. No	If death occurred in
CEN of Bannook	Р	rimary Reg.	Dist. No.	hospital or institution give its name instead of
Lynn Brothers B	LOSDIVAK L	ocal Registi	rar's No. 257	street and number.
Length of residence in County	Yes Vos	Days	How long in U. S. If of foreign birth?	Yrs. Mos. Days O O O
. 9		·	•	<b>8</b>
2. FULL NAME Dorot				
(a) Residence:	Pocatel]	o, Id	8ho. (If non-resident give city of	or county and state)
	ATTICLE DARTICIE	ADO	MEDICAL CERTIFICA	
PERSONAL AND STATE 3. MALE   4. White, Black,	5 Single Marrie	d. Widowed.	21. DATE OF DEATH	
FEMALE Yellow, Red Female White	or Divorced (wri	te the word)	(month, day and year) De Ce 22. L HEREBY CERTIFY, That I	
5a. If married, widowed, or divore Husband of	ced Non <b>e</b>		Dec 3 3 18 59 to	De 30 1939
(or) Wife of	1,0119	<del></del>	I last saw here on local	$\frac{2}{3}$ Death is said $\frac{1}{2}$
6. Date of Birth (Month, day and year) Dece		1939.	to have occurred on the date stated The principal cause of death and	above, at
7. AGE Years Months	Days If less the	an 1 day min	causes of importance in order of one as follows:	related Date of Onset Yr.   Mo   Day   O
8. Trade, profession, or partic			stell oar	
s None			Dead some	
9. Industry or business in wh	7. 27 12 AL	)		
Infant ()				LIFE
at this occupation (month None	this occupation None	n	Contributory causes of importance r	
12. BIRTHPLACE (City or Town	, County and State,	or Country)	related to principal causes	cert B
Pocatello,	Idaho.		evilatio	( Jacker to in
13. NAME HOWard	H. Cook		Where was disease first diagnosed?	140 spet of 2-30 39
14. BIRTHPLACE (City or Tow		or Country)	Name of operation	date of
	Idaho.	<del></del>	Condition for which performed	/ une
15. MAIDEN NAME OT	oal Frasure		What test confirmed diagnosis?	· amuellos o
15. MAIDEN NAME OF 16. BIRTHPLACE (City or Tov			Was there an autopsy? W	
17 SIGNATURE OF	ceatello. L	daho.	23. If death was due to external ca (Check) Accident—Suicide—Homicid	uses, fill in also the following:
INFORMANT TOTAL	hee. Idaho		19 Where did injury	occur?
(Address) 1 y 2 18. BURIAL, CREMATION OR RI		•	(Specify city Check whether injury occurred in in	y or town, county and state)
Place Moreland, Idal		31 , 39	Manner of injury	Y Tomor passes
	tuary by 🗷 .	N. Hall	Nature of injury	way related to occuration of
(Address) Poca	tello, Idah		24. Was disease or injury in any deceased? If so, specify_	way leaded to occupation of
20. FILED AND BURIAL OR RE	MOVAL PERMIT IS	SUED	On ( t	
on Dec. 30 493 9 by (Date)	Registrar	<u>u</u>	(SIGNED) Pocatel	Io, - Idaho.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

EXAMPLE I

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

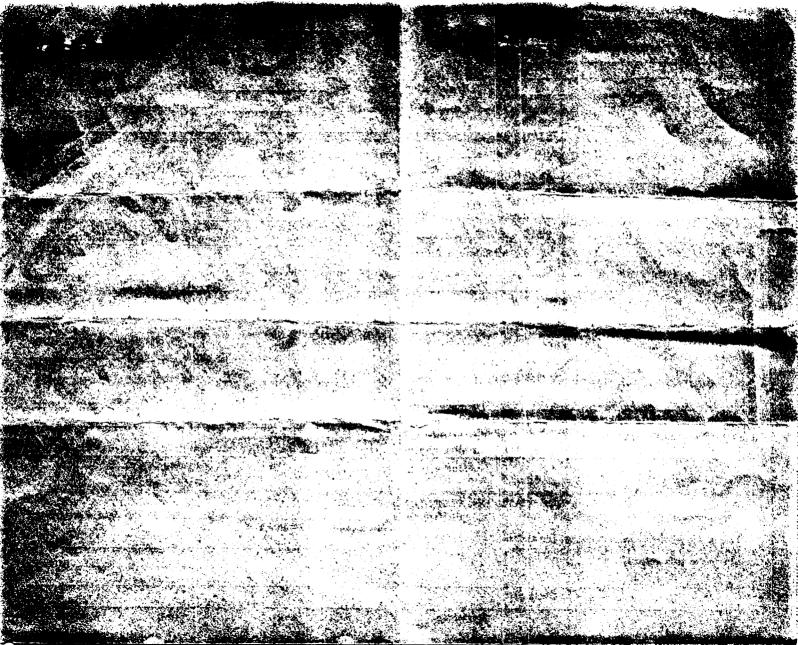
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

EVANDIE TO

		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. Arteriosclerosis	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	*****		

PLACE OF BIRTH STATE OF IDATIO DEPARTMENT OF PUBLIC WELFARE RECEIVED County of.... BUREAU OF VITAL STATISTICS City of Blooming CERTIFICATE OF BIRTH **JAN 1 0** 1940 Registration District No. 5-3 State File No. 288778 No. 3 4 Prim. Registration District No. \_\_\_\_\_Local Registrar's No. \_\_\_\_\_ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD 8. Date of 7. Legiti-birth Dec 26 Sex nale 5. Number, in order of birth..... Full term (Month. Day. Year) PERMANENT RECORD 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State). (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 38 (years) 20. Color or race 21. Age at last birthday 20 (years) 13. Birthplace (city or place)..... 22. Birthplace (city or place).... dates (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind, kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, made sawmill, bank, etc. ..... lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work IG INK-must be in this work..... in this work... WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....... (b) Born alive but now dead....... (c) Stillborn...... (During labor..... 29. If stillborn. months mo 30. Cause of Stillbirth ..... period of gestation..... Before labor..... or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE - // I hereby certify that I attended the birth of this child, who was \_\_\_\_\_\_ m. on the date above stated. (Brandlive or StDiborn) When there was no attending physician ) (Signed) or midwife, then the father, householder, etc., should make this return. Address Tan Give name added from chil a supplemental report.... (Date of) Filed James 1945 Beulah Registrar.



	1	STATE OF ID	OAHO
		PLACE OF DEATH DEPARTMENT OF PUR	
	Co	unty of Sear Lake BUREAU OF VITAL	1 1 1 4 1 1 1
		CERTIFICATE O	F DEATH   State File No
	Cit	by of BECHWE Registration District No	53
		RECTIVE Registration District No Primary Registration District	ict NoLocal Registrar's No/8
		IAN 4 A 40 40	
	İ	(If death occurred in a hospital or institution,	give <u>its na</u> me instead of street and number.)
	2.	FULL NAME Baby Heuring	ert
		(a) Residence. No	St.
	,	(Usual place of abode) ngth of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state)
	=		il
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	1 -	SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month_day, and year) 193
		have Thate or project (while the word)	22. I HEREBY CERTIFY, That I attended deceased from
	5a	. If maried, widowed, or divorced HUSBAND of	, 193, to, 193, 193
		(or) WIFE of	I last saw halive on, 193; death is said
ate		DATE OF BIRTH (month, day, and year) Dec 25/939	to have occurred on the date stated above, atm.
fic		AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:  Date of onset
ב		_1 day,hrs.	Boen dead - mos
e l	[ <del></del>	or min.	pregnancy :
t of	z	8. Trade, profession, or particular kind of work done, as spinner,	( Red albummura
nch	TIC	sawyer, bookeeper, etc	
ğι	JP.A	work was done, as silk mill, saw mill, bank etc	
<u> </u>	OCCUPATION	10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
instruction on	0	this occupation (month and year)	
act	1.	2. BIRTHPLACE (city or town) Blorming In Ila	
		(State or country)	<u> </u>
	E	13. NAME Frank Herringer &	Name of oppositional fruduces Date of
See	FATH	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
<b>(</b> )	Z.	(State or country)	23. If death was due to exter leauses (violence) fill in also the following:
it	8	15. MAIDEN NAME Ortha Bee	Accident, suicide, or homicide? Date of injury
important.	MOTH		Where did injury occur?
Õ	MOM	16. BIRTHPLACE (city or town) (State or country)	(Specify city or town county, and State)
ij.	-	00 7	Specify whether injury occurred in industry in home, or in public
very	17	. INFORMENT (Address)	place.
À	18	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	II_	Place Show Molow Date Date 2, 193	Nature of injury
Z	19	UNDERTAKER & POST	24. Was disease or injury in any way related to occupation of deceased?
TION	$\parallel$ $-$	(Address) Blooming Idah	If so, specify
•	20	FILEDRAM 5, 1910 13	(Signed) , M. D.
		Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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İ	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

١	Dist Nº 132
DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERT	IFICATE OF BIRTH State File No. 288775
1. PLACE OF BIRTH:	Begistered No.
County December	State Caoas C
Township	of Village
City None	81 8 1940 Ward.
2. Full name of child	(If with occurred in a heightal or institution, give its NAME instead of street and number)  { If child is not yet named, make supplemental report, as directed.}
3. Sex If plural 4. Twin, triplet, or other	1. Legiti- 2 birth 93
9. Full name Theren gerby	18. Full MOTHER MAINER STEELE MOTHER
10. Residence (usual place of abode) (If nonresident, give place and State)	19. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday 37 (years)	20. Color or race 21. Age at last birthday 3/ (years)
13. Birthplace (city or place and State or country):	22. Birthplace (city or place and State or country):
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc  16. Date (month and year) last engaged 17. Total time (years) spent in this work	typisi, nurse, clerk, etc  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc  25. Date (month and year) last engaged 26. Total time (years) spent in this work
16. Date (month and year) last engaged 17. Total time (years) spent in this work	in this work
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and n	ow living (b) Born alive but now dead (c) Stillborn
28. If stillborn, period of gestation [months] 29. Cause of stillbirth	Before labor
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	NOTE OF MIDWIFE SP m. on the date above stated.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed)
Given name added from	or Midwife
a supplemental report(Date of)	Address Verkoa Wara
	Filed /2 - 9 ,1939 Fuel a Robinton
Registrar. 8-3348 U. 8. GOVERNMENT PRINTING OFFI	Registrar.

Why births should be registered.—There is hardly a relation of life—social, legal, or economic—in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

- (1) As evidence to prove the age and legitimacy of heirs:
- (2) As proof of age to determine the validity of a contract entered into by an alleged minor;
- (3) As evidence to establish age and proof of citizenship and descent in order to vote;
- (4) As evidence to establish the right of admission to the professions and to many public offices;
  - (5) As evidence of legal age to marry:
- (6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
- (7) As evidence to determine the liability of parents for the debts of a minor;

- (8) As evidence in the administration of estates, the settlement of insurance and pensions;
- (9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
- (10) As evidence in the enforcement of law relating to education and to child labor;
- (11) As evidence to determine the relations of guardians and wards;
  - (12) As proof of citizenship in order to obtain a passport;
- (13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation.—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write housewife in answer to Question 23 and own home in answer to Question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

14 and 23.—The trade, profession, or particular kind of work done.

15 and 24.—The industry or business in which the work is done.

16 and 25.— The month and year the person last worked at the occupation.

17 and 26.—The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

c11--7117

PLACE OF DEATH	
DEFARIMENT OF FUEL	<del></del>
County of Sinewah BUREAU OF VITAL ST	
City of Plummer CERTIFICATE OF	F DEATH State File No
Registration District No.	32
Primary Registration District N	local Registar's No
INN 8 1040 (No	)
(If deeth occurred in a hospital or institution,	ive its name matead of street and number)
2 FULL NAME WWW.	
(a) Residence, No.	ne st delete.
(Usual place of abode)	(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. m	os. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color of Race 5. Single, Married, Widow-	21. DATE OF DEATH (month, day and year) The 4 193 9
ed or Divorced (write the word)	21. DATE OF DEATH (month, day and year) V + 4 193 7
5a. If married, widowed, or divorced	22. HEREBY CERTIFY, That I attended deceased from
HUSBAND of	1934, to 1934
(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 193 : death is said
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance
Mellome 1 day hrs.	were as follows:
8. Trade, profession, or particular	
kind of work done, as spinner,	Melwon
sawyer, bookkeeper, etc.	<u> </u>
work was done, as silk mill,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last work- ed at this occupation spent in this	***************************************
ed at this occupation spent in this	Other contributory causes of importance:
(mo. and yr.)	
12. BIRTHPLACE (city or town)	a corema -
(State or country)	1
13. NAME Leury gerby	Name of operation
E (1) (2015)	What test confirmed diagnosis? Was there an autopsy?
14. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in also the
	following:
15. MAIDEN NAME	Accident, suicide, or homicide? Date of injury, 193
15. MAIDEN NAME Ella Egalla 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
State or country)	Specify whether injury occurred in industry, in home, or in
17. INFORMANT	public place.
(Address) Jumpher Jake	Manner of injury
18. BURIAL, CREMATION OR REMOVAL	Nature of injury
Place / Lumini Jdy Date /2 - 3, 193.7	
19 UNDERTAKER Jaiges Lynna Home	24. Was disease or injury in any way related to occupation of
(Address) Janvila Wash	deceased?
20. FILED /2- 9 1939 Fred a Robertson	(Signed), M. D.
Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of vartous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired
from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home.
For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer
to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms,
as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

TOTAL A SECOND TO T

- 8.—The trade, profession, or paricular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

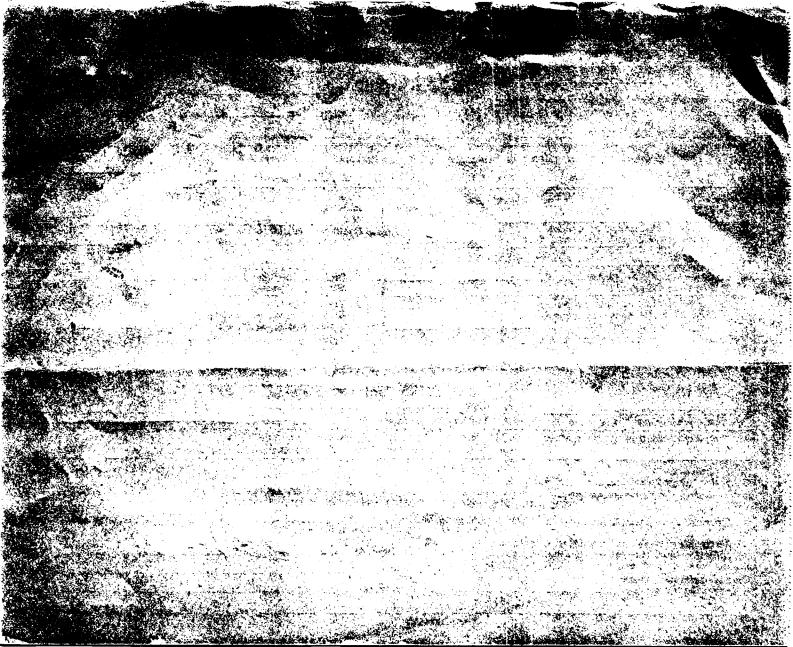
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EARMFLE I		EXAMPLE $\Pi$		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE I	FOR FURT	HER STATEMENTS BY PHYSICIAN		
	***************************************			

PLACE OF BIRTH THE CONTRACTOR DEPARTMENT OF PUBLIC WELFARE County of ..... BUREAU OF VITAL STATISTICS RECEIVED City of Sandagin of men 288780 CERTIFICATE OF BIRTH No. State File No. Prim. Registration District No. 2155 Local Registrar's No. 239 (If born in hospital or institution give name.) order Stillborn Edgar 2. FULL NAME OF CHILD..... 되 8. Date of If plural [4. Twin, triplet, or other..... D. N. each, 8. Sex birth Dec. 20 198 c births 5. Number, in order of birth..... Full term VES mate? VES NT RECORD. (Month, Day, Year) フフフさんし 9. Full **FATHER** |18. Full MOTHER name maiden Dickenson. name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Blanch and Its (If non-resident, give place and State) Blazel Tol 13. Birthplace (city or place) Polk. 77eb. 22. Birthplace (city or place). Barns Wisc. and (State or Country) (State or Country) евсћ, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, HousenliFe sawyer, bookkeeper, etc. PATION typist, nurse, clerk, etc. ..... 15. Industry or business in which work was done, as silk mill. 15 ES 24. Industry or business in which work was done, as silk mill. work was done, as own home. made lawyer's office, silk mill, etc. OWS Home sawmill, bank, etc. 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work æ NG INK-must be in this work..... in this work..... WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) During labor 910 29. If stillborn. months 30. Cause of Stillbirth ..... period of gestation..... or weeks Malderlopmen Before labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Still bern at 3.20 m. on the date above stated. ø (Born Alive or Stillborn) (Signed) BBM M. D. When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. WRITE PLA ...... Midwife Give name added from Address Sandpoint Idaha a supplemental report..... (Date of) one Registrar. Registrar.



1. PLACE OF DEATH STATE OF IDAHO — DIV	TE OF DEATH	Registered No
Bonner	Dist. No. 2155	If death occurred in
County Sandpoint, Idaho egistration L	Diat No. 2155	hospital or institution give its name instead of
City of Graham Constitution Local Registra	ar's No.	street and number.
(Home, Hospital or Institution	ars No	
Length of residence in County where death occurred	How long in U. S. If of foreign birth?	Yrs.   Mos.   Days
2. FULL NAME Still born Edgar		
(a) Residence: Blanchard, Idaho	(If non-resident give city or	county and state)
	MEDICAL CERTIFICA	TE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21 DATE OF DEATH Dead	
3. MALE 4. White, Black, FEMALE 4. White, Black, Yellow, Red 5. Single, Married, Widowed, or Divorced (write the word)	(month, day and year)	<u> </u>
Mole White Single	22. I HEREBY CERTIFY, That I at	ttended deceased from
5a. If married, widowed, or divorced	19, to .	19
Husband of (or) Wife of	I last saw h. All Tool Con	19 Death is said
a Date of Dinth	- · · · · · · · · · · · · · · · · · · ·	3:20 A
(Month, day and year) December 20, 1939	to have occurred on the date stated : The principal cause of death and	related   Date of Onset
Years Months Days Star than Last	causes of importance in order of one as follows:	et were Yr   Mo. Day
7. AGE hrs. min.	Malderelopense	
8. Trade, profession, or particular kind of work done	THURENCE PLANTE	related et were Yr Mo. Day
1 - {		
9. Industry or business in which work was done  NONE 10. Date deceased last worked at this occupation (month this occupation)	Beth occurred 400	5da
none	before birth	
10. Date deceased last worked at this occupation (month this occupation		
at this occupation (and none	Contributory causes of importance n	
	related to principal causes	ot E
12. BIRTHPLACE (City or Town, County and State, or Country)	Welstern Poller for	5
Sandpoint, Idaho		ja
13. NAME Glen P. Edgar	Where was disease first diagnosed?	
14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation	date of
Polk Nebraska	Condition for which performed	<u> </u>
Tabbe Declares	What test confirmed diagnosis?	
15. MAIDEN NAME LETTIE DICKETSON 16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? 214 W	as there an inquest?
E D. BIRTHI MADE (OLD OF DECEMBER 1)	23. If death was due to external car	
Barns Wisconsin 17. SIGNATURE OF Glen P. Edgar Gagar	(Check) Accident—Suicide—Homicid	
INFORMANT	10 Without did intower of	MONE?
(Address) Blanchard, Idaho	(Specify city	or town, county and state)
	Check whether injury occurred in in	dustry home public place
18. BURIAL, CREMATION OR REMOVAL Place Pinecrest Cem. Date 2319	Manner of injury	
19. UNDERTAKER L. G. Moon Assalow	Nature of injury	way related to occupation of
(Address) Sandpoint Tocho	deceased? If so, specify	•
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	december	
20. FILED AND BURIAL OR REMOVAL I BERNIT INDUM	BANS.	edle M. D.
(Date) Deligi Condwar	(Address)	ind ildala

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, 'etc.' For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.--The number of years the deceased followed the occupation.

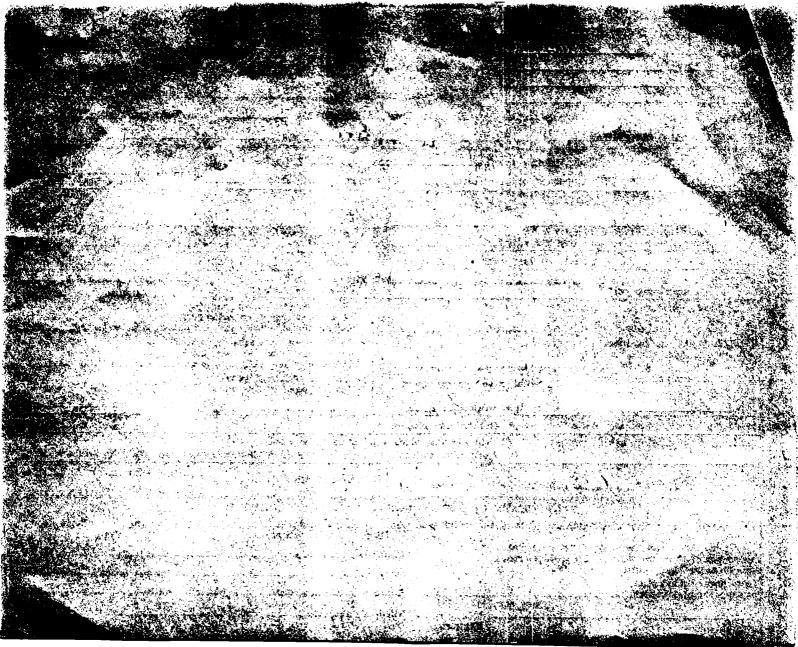
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greecry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salestian and not a clerk.

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of	onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	19	15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	19	921	Run over by street car	1 week ago
Cerebral hemorrhage	July	5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones		1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR 1	FURTH	IER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAGO DEPARTMENT OF PUBLIC WELFARE County of Cantac BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH 288781 State File No. \_ Registration District No. Prim. Registration District No. 2150 Local Registrar's No. 412 (If born in hospital or institution give name) 2. FULL NAME OF CHILD. 8. Date of If plural 4. Twin, briplet, or other..... 6. Premature A 7. Legitibirth 12- 18 birthe mate? 5. Number, in order of birth... Full term. (Month, Day, Year) ema MOTHER 9. Full FATHER 18. Full name maiden name 10. Residence (mydal place of abode)
(If non-resident, give place and State) 19. Residence/(usual place of abode) (If non-resident, give place and State) 2 161 11. Color or race 12. 12. Agg at last birthday 23 (years) 20. Color or race 21. Age at last birthday (years) 13. Birthplace (city or place) Acrehick 11) 424 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. ... sawyer, bookkeeper, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, sawmill, bank, etc. \_\_\_\_\_ lawyer's office, silk mill, etc. -25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work 5 month 12\_ [2 - [3 in this work & MA, 19 27 UNFADING 27. What prophylactic was used to prevent Ophthalma Neonatorum? ... Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead...... (c) Stillborn... 29. If stillborn. months Before labor..... 30. Cause of stillbirth. Separate period of gestation...... or weeks During labor ... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 57 m on the date above stated. I hereby certify that I attended the birth of this child, who was still from (Born Alive or Stillborn) When there was no attending physician ..... M. D. (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from Address a supplemental report... 댭 (Date of) Filed .... Registrar



1. PLACE OF DEATH STATE OF IDAHO — DIV	TE OF DEATH- Registered No117416
Registration I	Dist. No
	Dist. No. 21 30 hospital or institution give its name instead of
City of Primary Reg.	ar's No. atreet and number.
(Home, Hospital or Institution)	Mor Dove
Length of residence in County where death occurred	How long in U. S. if of foreign
Stilleth - de	Conter Jale Stehe
2. FULL NAME ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	Theles Jake Tlake
(a) Residence:	(II non-resident give city of county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. MALE 4. White Black, FEMALE Yellow, Red 5 Single Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year)
send o	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed or divorced. Husband of	Dre 18 1939 to Dre 18 1939
(or) Wife of Marks	I last saw h allve on
6. Date of Birth (Month, day and year) /2 - (?) /939	to have occurred on the date stated above, at  The principal cause of death and related Date of Onset
Years Months   Days   If less than 1 day	The principal cause of death and related causes of importance in order of onset were as follows:
7. AGE Stillbuth hrs min	as follows.
8. Trade, profession, or particular kind of work done	The principal cause of death and related causes of importance in order of onset were as follows:
9. Industry or business in which work was done	Probably due to tight card
10. Date deceased last worked   11. Total time (yrs.) spent in	Inolishly due to tight card
o at this occupation (month this occupation	
and year)	Contributory causes of importance not related to principal causes
12. BIRTHPLACE (City or Town, County and State, or Country)	
Take Jalle Sale	
13. NAME lefford Fitson Stouter	Where was disease first diagnosed? Z. D. S. Washilal
13. NAME 14. BIRTHYLACE (City or Town, County and State, or Country)	Name of operation date of
Thereban Wysping	Condition for which performed
	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (Cut) or Town, County and State, or Country)	Was there an autopsy? Was there an inquest? As
E quella talle da	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF	(Check) Accident—Suicide—Homicide? Date of injury
INFORMANT	10 Where did injury occur?
(Address)	(Specify city or town, county and state)  Check whether injury occurred in industry home public place
18. BURIAN, CREMATION OR REMOVAL	Manner of injury
Place Date Date Date	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of
(Address)	deceased?If \$6, specify }
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	M = M
- Carlo	(SIGNED) M. D.
on 193 by Registrar	(Address) Lake Xall
11	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotei, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store." "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Galistones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

WATER OF TOWNS DEPARTMENT OF PUBLIC WELFARE County of ... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH \$ 288782 City of Bell !! Registration Cantrict No. -\_\_State File No. \_\_ Pring Registration District No. 2196 Local Registrar's No. 371.3 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of Premature. 7. Legiti-If plural (4. Twin, triplet, or other..... birth mate? 5. Number, in order of birth.... Full term.... (Month. Day. Year) MOTHER, FATHER. 18. Full 9. Full maiden name name 10. Residence (usual place of abode (If non-resident, give place and State) 19. Residence (usual place of abode) 11. Color or race 12. Age at last birthday (years) 20. Color or race 21. Age at last birthday (years) 22. Birthplace (city or place). 13. Birthplace (city or place) (State or Country) (State or Country) Illn Wasc 23. Trade, profession, or particular kind 14. Trade, profession, or particular A PE each, of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ lawyer's office, silk mill, etc. ..... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work RK in this work formand Separate Return must in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING (At time of this birth and including this child) 2 28. Number of children of this mother During labor..... months 29. If stillborn. 30. Cause of Stillbirth \_ period of gestation G.mo. or weeks Before labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN OR, MIDWIFE at // m on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Striborn) When there was no attending physician (Signad) \_ or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address .... WRITE one child a supplemental report (Date of) Filed .. Begistrar.



234	PLACE OF DEATH DEPARTMENT OF DE	
	DEPARIMENT OF PU	
y item ould sta OCCUP		
	City of Burley CERTIFICATE	OF DEATH State File No
sh sh	Registration District No	
<b>克</b> S 年	Primary Registration Distric	
CORD. Y YSICIANS statement	(No Cottage 7	Lospital - Burley Ida.
	2. FULL NAME Educad lelis	n, give its name instead of street and number)
RECORD. E PHYSICIANS ect statement	2. FULL NAME CAMPAGE SELFS	
g L B	(a) Residence. No. Cella Kisk I. (Usual place of abode)	st. Busley Jaaho
e : X	Length of residence in city or town where death occurred. yrs.	(If nonresident give city of town and state) mos. ds. How long in U. S., if of foreign birth?
dding Permanent Sd exactly. Classified. E	PERSONAL AND STATISTICAL PARTICULARS	
753	3. SEX 4. Color or Race 5. Single, Married, Widow	MEDICAL CERTIFICATE OF DEATH
ING ERMA EXA Essifi	ed or Divorced (write th	
BINDING A PERM tated EX. rly classif ate.	Male White word) Single 5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
	HUSBAND of	200 18, 1939, to 182 18. 1939
ं ऋष्ध	(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I last saw hand alive on 1934. 1932: death is said
FOR IS IS	- Ther. 18, 1939	to have occurred on the date stated above, at
. H 🔁 3	1 day by	
THIS should be far of cer	Stillborn or mi	Date of enset
> 48 8 ™	8. Trade, profession, or particular kind of work done, as spinner,	Still farm H-18.
SEE INK INK It in bac	kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work- ed at this occupation spent in this	Tange Celinery
REG G J St i	work was done, as silk mill, saw mill, bank, etc.	
CNG CNG CHA Shat	10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this	
59 48 8	(mo. and yr.) occupation	Other contributory causes of importance:
MARGIN RE TH UNFADING efully supplied. A sin terms, so that See instruction on	12. BIRTHPLACE (city or town) Burley	
MAR UNE. Iy sup terms, instru	(State or country)	
	13. NAME van leffs  14. BIRTH LACE (city or town), The data (State or country)	Name of operation
	14. BIRTHLACE (city or town), The data	What test confirmed diagnosis? Was there an autopsy?
in int.		23. If death was due to exter'l causes (violence) fill in also the following:
Z C E Z	15. MAIDEN NAME June Wellstead	Accident, suicide, or homicide? Date of injury, 193
E PLAINLY, Wion should be caute of DEATH in preyery important.	15. MAIDEN NAME June Willote ad  16. BIRTHPLACE (city or town) Salt Lake City (State or country)	Where did injury occur?
	// //	Specify whether injury occurred in industry, in home, or in
E E E E OF	17. INFORMANT CARCLES (Address)	public place.
nat E	18. BURIAL, CREMATION OF REMOVAL	Manner of injury
.—WEIT informst CAUSE TION is	Place Cella Nish Juny PlaDate Nov 20 193.	
i e e e	19. UNDERTAKER Very B. M. Juffeel	24. Was disease or injury the any way related to occupation of
<b>#</b>	(Address) Buly-dapa	deceased? If pecity
Ż	20. FILED Sec 5 , 1939 Jauna Depracher Registrar.	(Signed) , M. D.
·	1 arcgiou ai.	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of varlous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retiredfrom business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		$\Gamma$ EXAMPLE $\Pi$	
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ADDITIONAL SPACE I	FOR FURTI	HER STATEMENTS BY PHYSICIAN	

de see gi ee 4

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACILY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPATION is very important. See instruction on back of certificate. z

PLACE OF DEATH	STATE OF IDAI	<del>-</del>		
DEP	ARTMENT OF PUBLI UREAU OF VITAL ST		DO NOT WRITE IN T	HIS SPACE
City of Burley CEI	RTIFICATE OF		State File No. 1174	15
i f	on District No			
JAN 11 1940 Primary	Registration District N		Local Registar's No	109_
(If death occurred in a ho	spital or institution, gi	ve its name instead	of street and number)	
2. FULL NAME Linda Par	One a line of	<del>y</del>	0	1.1
(Usual place of abode)	Irrland	(If no	nresident bive eitwom town .	and state)
Length of residence in city or town where de	ath occurred yrs. 5 mc	os. Ods. How long in	U. S., if of foreign birth?	yrs. mos. ds.
PERSONAL AND STATISTICAL PAI		MEDIC	CAL CERTIFICATE OF DEA	TH
ed or 1	e, Married, Widow-	21. DATE OF DEAT	TH (month, day and year)	Dec. 8 1939
5a. If married, widowed, or divorced	Single		ERTIFY, That I attended	
HUSBAND of (or) WIFE of			1937 to /2 -5	
6. DATE OF BIRTH (month, day, and year)	Dec. 8, 1939	I last saw h all		: death is said
7. AGE Years Months Days	If LESS than	The principal cause	the date stated above, at of death and related cause	es of importance
Stillborn	or min.	were as follows:	a. 11	Date of enset
8. Trade, profession, or particular kind of work done, as spinner,		mulle	Thur Offal	
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work- ed at this occupation spent		**************************************	***************************************	
work was done, as silk mill, saw mill, bank, etc.		,======================================		
10. Date deceased last work- 11. Total ed at this occupation spent	time (years) in this	Other contribute	ory causes of importance:	
(mo. and yr.) occupa	tion	***************************************	***************************************	
12. BIRTHPLACE (city or town)	erley Odaho	*******************************	***************************************	
13. NAME Pulon Dean H	artivell	Name of operation.		Date of
13. NAME Pulon Sean H 14. BIRTHPLACE (city or town)	t Lake City	What test confirme	d diagnosis? Was there	an autopsy?
	anders	following:	ne to exter'l causes (violence r homicide? Date of	
15. MAIDEN NAME Tuna E. St. 16. BIRTHPLACE (city or town)	exico	Where did injury o	ccur?Specify city or town, county	, and state)
17. INFORMANT Dean Harty (Address) Burley La	vell:		njury occurred in industry,	<u>-</u>
18. BURIAL, CREMATION OR REMOVAL	0 0	Manner of injury		
Place Jurily Jac Date	Dec 9 1939			
19. UNDERTAKER LAMBALTE	Saho	24. Was disease or deceased?	injury in any way related	to occupation of
20. FILED Lee 24, 1939. Laure	Registrar.	(Signed)(Address	2 2	The D.
				7

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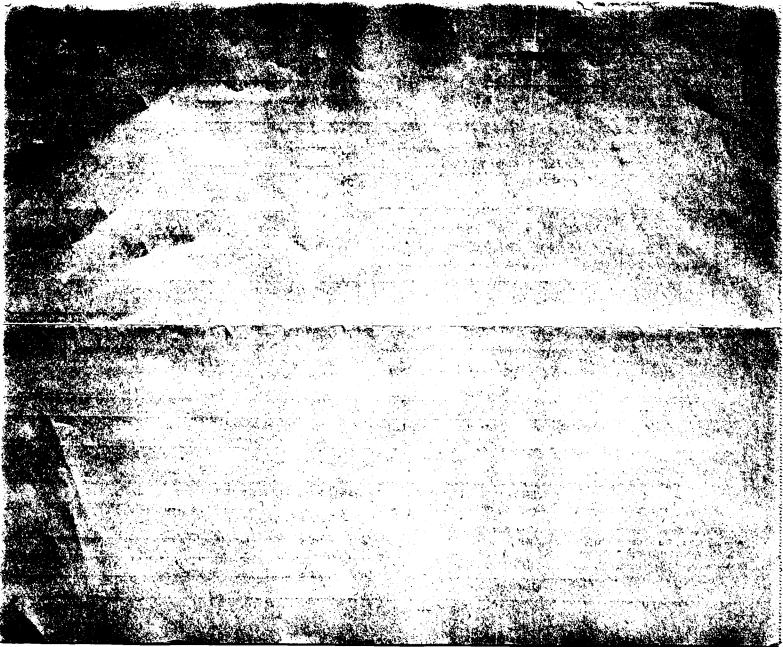
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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTI	HER STATEMENTS BY PHYSICIAN	
			•••••••••••••••••••••••••••••••••••••••
	•••••		

stated. PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of..... BUREAU OF VITAL STATISTICS of more birth st City of..... CERTIFICATE OF BIRTH JAN 9 1930 No. ..... Registration District No. .. State File No. case of 343 Local Registrar's No. .. (If born in hospital or institution give name.) Prim. Registration District No. ... FULL NAME OF CHILD 뭐급 8. Date of D. N. 3. Sex hirth alle birtha mate? Hea 5. Number, in order of birth..... Full term... (Month, Day, Year) RECORD. 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Homedale, Idako (If non-resident, give place and State) Homedale, 11. Color or race [12. Age at last birthday 3.3 (years) 20. Color or race white | 21. Age at last birthday 2. (years) 13. Birthplace (city or place) Wountifu 22. Birthplace (city or place) Soup and (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. ..... for 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, made sawmill, bank, etc. lawver's office, silk mill, etc. ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last\_engaged in this work pe. last engaged in this work RK Present. must in this work 8-10410 in this work 5 410 WITH UNFADING Separate Return mi 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother During labor..... months 29. If stillborn. 30. Cause of Stillbirth ....... mos period of gestation..... or weeks Before labor 4-62 Ore . Eclaratic Lovenia CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was still horse at 3 Com. on the date above stated. ಹ (Born Alive or Stillborn (Signed) When there was no attending physician or midwife, then the father, householder, etc., } should make this return. Give name added from Manus a child a supplemental report..... Address . (Date of) 19540 Lyda one Registrar. Registrar.



_1. PLACE OF DEATH STATE OF IDAHO — DIV CERTIFICAL	VISION OF PUBLIC HEALTH TE OF DEATH	Registered No. 117416		
County of Anifon Registration I City of Anifon Sospital Local Registr	Dist. No. 362  Dist. No. 343  ar's No. 238	if death occurred in hospital or institution give its name instead of street and number.		
Length of residence in County where death occurred Yrs. Mos. Days	How long in U. S. If of foreign birth?	Yrs. Mos. Days		
2. FULL NAME REARY Son Mr. 9 MM. E. (a) Residence: Some date, Sansa	(If non-resident give city of	County and state)		
₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩				
PERSONAL AND STATISTICAL PARTICULARS  AMALE   4. White Black,   5. Single, Married, Widowed,	21. DATE OF DEATH	0 10 1939		
Vellaw Red or Divorced (write the word)	(month, day and year)  22. I HEREBY CERTIFY, That I s	ttended deceased from		
5a. If married, widowed, or divorced	12/18 19.34, to			
Husband of	1 Dld not	19 Death is said		
6. Date of Birth (Month, day and year)  7. AGE Years Months Days If less than 1 day hrs. min.	to have occurred on the date stated. The principal cause of death and causes of importance in order of one as follows:	above, atm.		
8. Trade, profession, or particular kind of work done	I were underten	muid     E		
9. Industry or business in which work was done		EILED		
10. Date deceased last worked at this occupation (month this occupation	Contributory causes of importance i			
and year)  12. BIRTHPLACE (City or Town, County and State, or Country)	related to principal causes	emia B		
13. NAME LIMEN County and State, or Country)	Where was disease first diagnosed?	Laura		
14. BIRTHPLACE (City of Toyn, County and Seaso, of	Name of operation	date of		
Down while with	Condition for which performed			
15. MAIDEN NAME JEST OF COUNTRY	What test confirmed diagnosis? Was there an autopsy? V	Vas there an inquest?		
16. BIRTHPLACE (City or Town, County and State; or Country)	23. If death was due to external co			
17. SIGNATURE OF CONER ( ) PARISON	(Check) Accident—Suicide Homicide	de? Date of injury		
(Address) Samedale Male	(Specify Cit	y or town, country and state)		
18 BURIAL CREMATION OR REMOVAL AMA	Check whether injury occurred in it	ndustryhome public place		
Place A h LENGUE W. Date Alle 201939	Manner of injury	¥ .		
19. UNDERTAKER JEST Alley Joanne	Nature of injury	/ /		
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased? If so, specify			
Jan 2 1945 by Lyda Nodgers	(SIGNED) Nainfa	Dan. M. D.		
(Date) Registrary	1	•		

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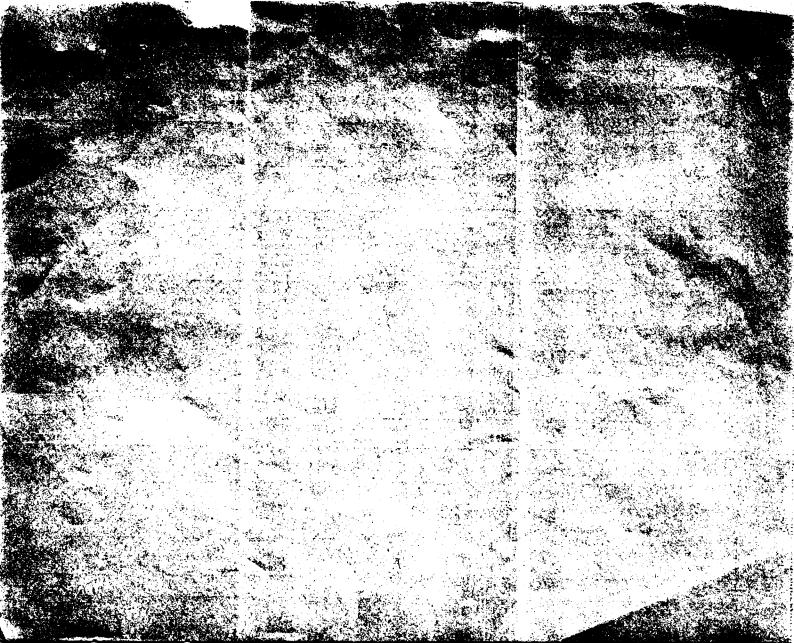
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	*******		
	•••••		

PLACE OF BIRTH DEPARTMENT OF TUBER BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No. -Local Registrar's No. \_ rn in hospital or institution give name.) Prim. Registration District No. . FULL NAME OF CHILD..... 8. Date of If plural (4. Twin, triplet, or other. birth Wellenter 11 births 5. Number, in order of birth Full term. mate? (Month, Day, Year) PERMANENT RECORD 18. Full MOTHER Full FATHER maiden namel name rauro 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). 11. Color or race while 12. Age at last birthday 1. (years) 20. Color or race while | 21. Age at last birthday (years) 22. Birthplace (city or place)...Q4. 13. Birthplace (city or place)..... (State or Country) ( Ich (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... Š 15. Industry or business in which work was done, as silk mill, made lawyer's office, silk mill, etc. ... sawmill, bank, etc. .... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work <u>გ</u> in this work Syv in this work... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn. During labor. 30. Cause of Stillbirth months 29. If stillborn. \$ period of gestation 9 mo or weeks Before labor... Separa CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \_\_\_ m, on the date above stated. I hereby certify that I attended the birth of this child, who was....... (Born Alive or Stillborn) When there was no attending physician ) (Signed) ..... or midwife, then the father, householder, etc., should make this return. Midwife Give name added from WRITE F Address ...... a supplemental report..... (Date of) 1-2-Filed ...... Registrar. Registrar.



STATE OF IDAHO - DIVISION OF PUBLIC HEALTH PLACE OF DEATH Registered No. CERTIFICATE OF DEATH If death occurred in hospital or institution ......Registration Dist. No..... ..... Primary Reg. Dist. No..... give its name instead of ungas Hosp Local Registrar's No. street and number. (Home, Hospital or Institution) Mos. Mos. Days Yrs. How long in U. S. If of foreign ngth of residence in County birth? where death occurred (a) Residence: . (If non-resident give city or county and state) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed 21. DATE OF DEATH 3. MALE 4. White, Black, or Divorced (write the word) (month, day and year) FEMALE Yellow, Red 22. I HEREBY CERDIEN. That I attended deceased from 5a. If married, widowed, or divorced Husband of (or) Wife of \_\_\_ Death is said 6. Date of Birth (Month, day and year) /2 ~//to have occurred on the date stated above, at The principal cause of death and related **Date of Onset** causes of importance in order of onset were If less than 1 day Months Yr. | Mo. | Day as follows: 7. AGE hrs 8. Trade, profession, or particular kind of work done 9. Industry or business in which work was done 10. Date deceased last worked 11. Total time (yrs.) spent in this occupation at this occupation (month \_ Contributory causes of importance not and year) . related to principal causes County and State, or Country) 12. BIRTHPLACE (City or Town. 13. NAME Where was disease first diagnosed? County and State, or Country 14. BIRTHPLACE (City of date of Name of operation Condition for which performed . 15. MAIDEN NAME What test confirmed diagnosis? Was there an autopsy? No 16. BIRTHPLACE (City Was there an inquest?. 23. If death was due to external causes, fill in also the following: SIGNATURE OF (Check) Accident-Suicide-Homicide? Date of injury\_ INFORMANT (Address) 18. BURIAL, CREMATION OR BEMOVAL Check whether injury occurred in industry... home ... public place. Manner of injury . Nature of injury 19. UNDERTAKÉR 24. Was disease or injury in any way related to occupation of (Address) If so, specify AND BURIAL OR REMOVAL PERMIT ISSUED 20. FILED

(SIGNED)

Registrar

carefully

back

OII

Explanations

Read

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Write Plainly with Unfading Ink

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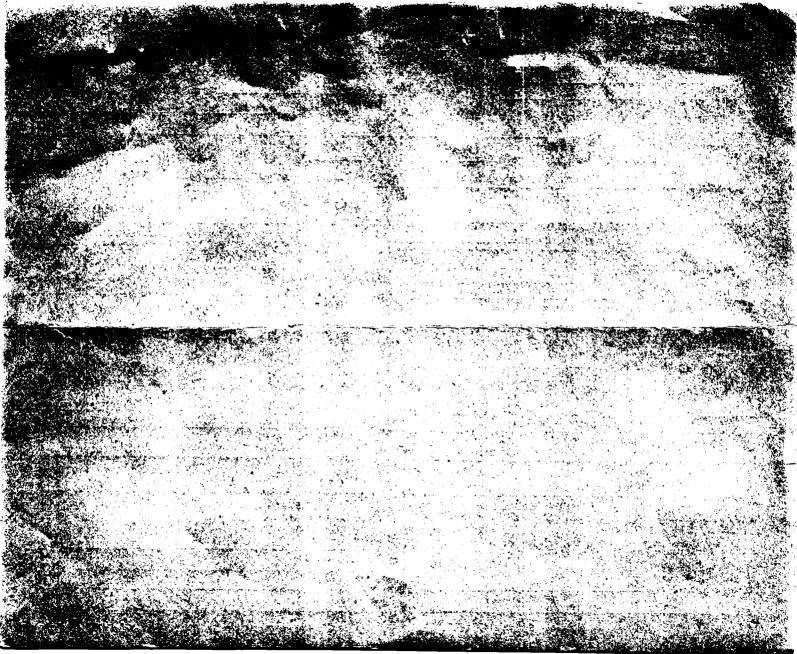
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		***************************************

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of.... BUREAU OF VITAL STATISTICS City of Freston. CERTIFICATE OF BIRTH No. 540 State File No. .... Registration District No. . case ( Registration District No. 2//9 Local Registrar's No. .... (If born in hospital or institution give name.) 2. FULL NAME OF CHILD...... 8. Date of birth Sec 24 198 9 If plural 4. Twin, triplet, or other..... 6. Premature 7. Legiti-5. Number, in order of birth..... Full term... mate? (Month, Day, Year) PERMANENT RECORD. MOTHER FATHER lis. Full 9. Full maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race 2/ 21. Age at last birthday 3/ (years 11. Color or race. 24. | 12. Age at last birthday 32 (years) 22. Birthplace (city or place) Sreston (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular Trade, profession, of partial kind of work done, as spinner Atta Meet of work done, as housekeeper, typist nurse, clerk, etc. 24 Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, made lawver's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (vears) spent last engaged in this work last engaged in this work Z in this work.... ..... 19...... WITH UNFADING Separate Return mi 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother Before labor months 29. If stillborn. 30 Cause of Stillbirth ...... or weeks period of gestation..... During labor..... accident to mother CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillton at // p.m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from Address Freston, Idaha WRITE a supplemental report..... chil (Date of) Registrar.



STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of. ERTIFICATE OF DEATH State File No...... JOKD. Every PHYSICIANS Registration District No...... Primary Registration District No. A.A. Local Registrar's No... (No. in a hospital or institution, instead of street and number) Residence. No... (Usual place of abode) (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year) 3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at The principal cause of death and related causes of impor-Months Davs If LESS than tance were as follows: Date of onset 1 day,... hrs. or .... min 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance; (mo. and yr.) ..... occupation . 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation..... What test confirmed diagnosis? ... Was there an autopsy?... 14. BIRTHPLACE (city or town) (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide??..... OF. Where did injury occur?... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. 18. BURIAL, CREMA Manner of injury Nature of injury.... 24. Was disease or injury in any way related to eccupation 19 UNDERTAKER of deceasedy. // (Address) (Signed) .... 20. FILED 12-26... 1939 (Address) .... Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

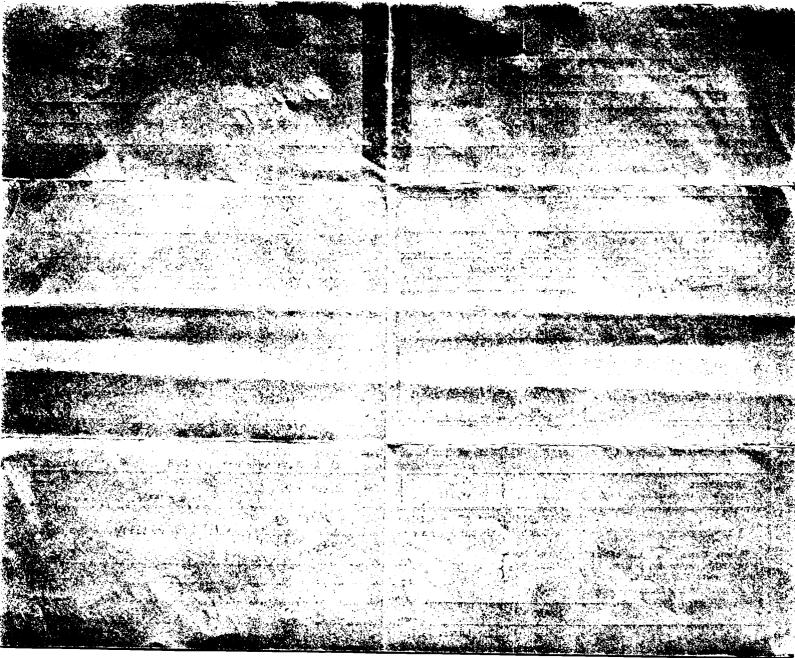
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of suset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	1
			<u></u>

PLACE OF BIRTH STATE OF IDAHO RECEIV DEPARTMENT OF PUBLIC WHENARE County of BUREAU OF VITAL STATISTICS City of MAN 8 \_ 1940 CERTIFICATE OF BIRTH 288787 Registration District No. ....State File No. .... Prim. Registration District No. (If born in hospital or institution give name). Local Registrar's No. ..... 2. FULL NAME OF CHILD. 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_ 7. Legiti-8. Sex Jinal 6. Premature. birth... births 5. Number, in order of birth Full term.../ mate? T RECORD. (Month, Day, Year) 9. Full 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State).... (If non-resident, give place and State). 11. Color or race W | 12. Age at last birthday 2/ (years) 20. Color or race W | 21. Age at last birthday 25 (years) 13. Birthplace (city or place) oring 22. Birthplace (city or place) Manage (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

15. Industry or business in work was done, as si sawmill, bank, etc.

16. Date (month and year) kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. ... typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill. etc. sawmill, bank, etc. 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work NG INK-must be in this work OUN. in this work..... **A**DING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... UNFADIA te Return 28. Number of children of this mother Placente seren (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c)/Stillforn Before labor 29. If stillborn. months 30. Cause of stillbirth..... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE I hereby certify that I attended the birth of this child, who was the late above stated. PLAINLY (Born Alive or Stillborn) (Signed) Carly When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report Address 4 (Date of) L 20 193 G Registrar.



	117419
	TE OF DEATH Registered No
County of Registration I City of Tuesday Registration I City of Tuesday Registration I City of Tuesday Registration I	Dist. No
(Home, Hospital or Institution)  Length of residence in County where death occurred	How long in U. S. if of foreign Yrs. Mos. Days birth?
2. FULL NAME Sella Jean dola	dine
(a) Residence:	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 MALE 4. White, Black, FEMALE Yellow, Red or Divorced (write the word)	21. DATE OF DEATH (month, day and year)  22. I HEREBY CERTIFY, That I ttended deceased from
ba. If married, widowed, or divorced Husband of	mattered 19
(or) Wife of	I last saw h alive on 19 Death is said
6. Date of Birth (Month, day and year) 2 > -1939	to have occurred on the date stated above, at
7. AGE Years Months Days Af less than I day	to have occurred on the date stated above, at the principal cause of death and related causes of importance in order of onset were as follows:    Tr.   Mo.   Day   Compared to the principal cause of the pri
8. Trade, profession, or particular kind of work done	Sutrauterine asphilia )
9. Industry or business in which work was done	(Properto brevision Stillboth
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation)	(Placenta previa in Stillberth
and year)	Contributory causes of importance not related to principal causes
12. BIRTHPLACE (City or Town, County and State, or Country)	
13. NAME Everett doloding	Where was disease first diagnosed?
13. NAME 14. BIRTHPLACE (City or Tewn, County and State, or Country)	\ \ /
Stove Jung 100	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? Was there an inquest?
a di Ca	23. If death was due to external causes fill in also the following:
17. SIGNATURE OF GULLETT & aladial	(Check) Accident—Suicide—Homicides Date of injury
(Address)  18. BURIAL, CREMATION OB REMOVAL	
Place Day 28.189	Manner of injury
19. UNDERTAKER QUUL	Nature of injury
(Address)	deceased?
20. FILED AND BURIAL OF REMOVAL PERMIT ISSUED	(SIGNED) Carlyle Pluail M. D.
on (Date) by Registrar	(Address) Jerous, Sheho
(Date)	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

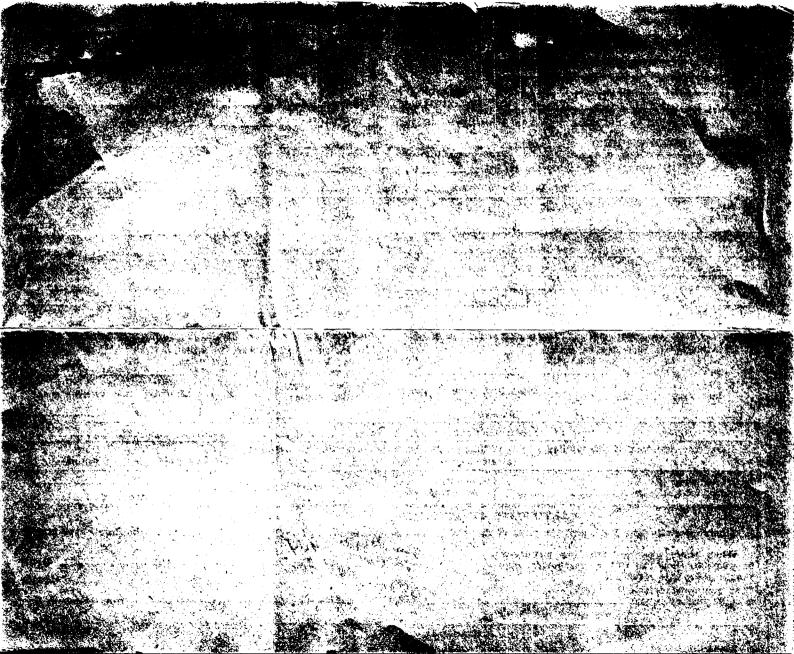
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE I EXAMPLE IT The PRINCIPAL CAUSE OF DEATH and Date of onset The PRINCIPAL CAUSE OF DEATH and Date of onset related causes of importance were as follows: related causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of import-Other CONTRIBUTORY CAUSES of importance: ance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH THE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 288788 County of BUREAU OF VITAL STATISTICS City of... OF BIRTH State File No. ... ....Local Registrar's No. 3X0 (If born in hospital or institution give name.) Prim. Registration District No. 1057 2. FULL NAME OF CHILD..... 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_\_ 7. Legiti-3. Sex birth Dev. 11 births 5. Number, in order of births. Full term X mate? .. (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) 305 - 2-nd AT. (If non-resident, give place and State) 505 11. Color or race 7 | 12. Age at last birthday 14 (years) 20. Color or race 21. Age at last birthday 23. (years) 22. Birthplace (city or place) 13. Birthplace (city or place)..... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work ZK must in this work..... in this work .... WITH UNFADING Separate Return mi 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number dichildren of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead. (c) Stillborn / 29. If stillborn. months Before labor..... 30. Cause of stillbirth During labor. period of gestation..... or weeks MUNI-CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was .at2:./.5Am. on the date above stated. (Born Alike or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from WRITE one child a supplemental report..... (Date of) Registrar.



21	1. PLACE OF PEATH STATE OF IDAHO — DI	VISION OF PUBLIC HEALTH TE OF DEATH Registered No
18.18	County of Youlenal Registration City of Leeurs al Olene Primary Reg.	Dist. No. 30 if death occurred in hospital or institution give its name instead of
٠.	(Home, Hospital or Institution)	rar's No. 24
. 6	Length of residence in County Where death occurred	How long in U. S. it of foreign
ا لم	2. FULL NAME Cornelia Konald Bo	arrett (16 pap youldn't give give or county and state)
36	(a) Residence:	(If non-resident give city or county and state)
2. √	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ent	3. MALE 4. White, Black, FEMALE 4. White, Black, Yellow, Red 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year) /2-//-1939
permanent fully	5a. If married, widowed, or divorced Husband of	22. I HEREPY CERTIFY, That I attended deceased from 1939 to
perm efully	6. Date of Birth (Month, day and year) /2-//- 1939.	I last saw harman last said to have occurred on the date stated above, at 2/3 m.
is a	Years   Months   Days   If less than 1 day	
his	7. AGE O hrs. min	causes of importance in order of onset were as follows:  Additional forces:  The principal cause of death and related to the causes of importance in order of onset were as follows:  Additional forces:  19 12 11
on b	9. Industry or business in which work was done	and the same of th
Ink	10 Date deceased last worked   11. Total time (yrs.) spent in	pedelic verices a 2. a)
ling natio	and year)	Contributory causes of importance not
Unfadin Explana	12. BIRTHPLACE (City or Town, County and State, or Country)	
—	5 13. NAME Neal Barrett	Where was disease first diagnosed?
vith lead	14. BIRTHPLACE (City or Town, County and State, or Country)	Name of operation Villa date of 12/1/
<b>A</b>	tengry, his	Condition for which performed
Plainly 1	15. MAIDEN NAME Collen Fellers one 16. BIRTHPLACE (City or Town, County and State, or County)	What test confirmed diagnosis? Was there an autopsy? Was there an inquest?
16 F	2 great-balls, mont	23. If death was due to external causes, fill in also the following:
Write	17. SIGNATURE OF West Banett	(Check) Accident—Suicide—Homicide? Date of injury 2
8	18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public place  Manner of injury
fone	Place Who alene dan Date 12-12-19-19	Nature of injury Analysis Single Sing
	19. UNDERTAKER Cassedy funeral Home (Address) Courd' aline dy	24. Was disease or injury in any way related to occupation of
'	20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased?
	on /2./6 195 by A. A. Registrar	(SIGNED) Coundale Hold

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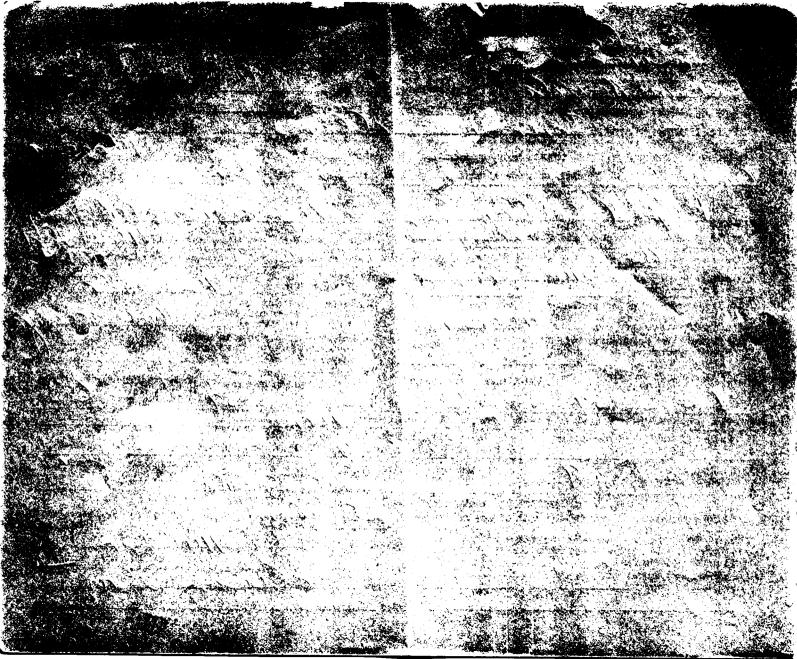
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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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the state of the s		V. 10 - 1 - 1 - 1	A Property of	
County of County of	(ED	DEPARTMENT OF	F IDAHO PUBLIC WELFAR FAL STATISTICS	e S
City of Selection	- Wer	•		<b>9</b> 00 % # # # #
No.	JAN 10 194	•	e of birth	£ <b>28878</b> 9
See a land Val	Registration Distri	ot No. 67	O State File No	1, 7
www.				•
(If born in hospital or institution give name.)	Prim. Registration	District No	Local Registra	ir's No
2 FULL NAME OF CHILD	rene Co	Clan	****	
3. Sex If plural \( \) 4. Twin, triplet, or other	Zever 6, Prems	ture7. Legiti-	8. Date of birth	Be 25 188 9
hirths \	· • • •	(4-	9-	, ,
CENTRAL				onth, Day, Year)
9. Full FATHER	18.		MOTHER	
name Callette Callette		medden Trees	· Jiens	Tokers.
10. Residence (ufual place of abode)		Residence (usual place		2 ( 05)
(If non-resident, give place and State)	Cy 260, 19.	(If non-resident, giv	e place and State	way July
11. Color or race. 12. Age at last birthe				
				O Comments
13. Birthplace (city or place)	22.	Birthplace (city or pl (State or Country)		720
(State or Country)		<del>`</del> <del>`</del> _		TEXT !
14. Trade, profession, or particular kind of work done, as spinner,		3. Trade, profession, of work done, as		ا بسمیم
sawyer, bookkeeper, etc.	ren o	typist, nurse, clerk,		cesacy
Kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which	I LA	4. Industry or busine	ess in which	71
work was done, as silk mill,	انماا	work was done, as		
sawmill, bank, etc.	B	lawyer's office, silk	mili, etc.	
0 16. Date (month and year) 17. Total time	(years) spent $ \Sigma ^2$	lawyer's office, silk 5. Date (month and J last engaged in this	rear) 26. Total t	ime (years) spent
o last engaged in this work			<b>-</b> →	work 6
19.29 in this wor		Xee ,	10 19 111 11118	WOLK
27. What prophylactic was used to prevent Oph				
28. Number of children of this mother (At tir	ne of this birth and	including this child)	n	
(a) Bor	n alive and now livi	ng	re but now dead	(c) Stillborn
(			Sefore lab	or gen
29. If stillborn, period of gestation	or weeks	Cause of Stillbirth	During 181	oor(/
		to allow the		V
		IXSICIAN OB MIDW	TFE AU	
I hereby certify that I attended the birth of this	s child, who was	m Alive or Stilloppn)	at $\int \mathcal{O}$ m. on	ine date above state
When there was no attending physician	<del>\</del>	School Street	P2. 01	2
or midwife, then the father, householder, etc.,	(Signed	i) <b>/}&gt;</b>	· ruce	, М. І
should make this return.	or	010	~	Midnel
Give name added from			. ()	60
a supplemental report(Date of)	Addres	s		0 00 10
(Date 01)	Filed	Jan 10 1	of Olive	. Jollan
В	egistrar.	7	,	Registrar.

Gr. This



STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

1. PLACE OF BE

BEFORE FILED BE MUST

Registered No.117421

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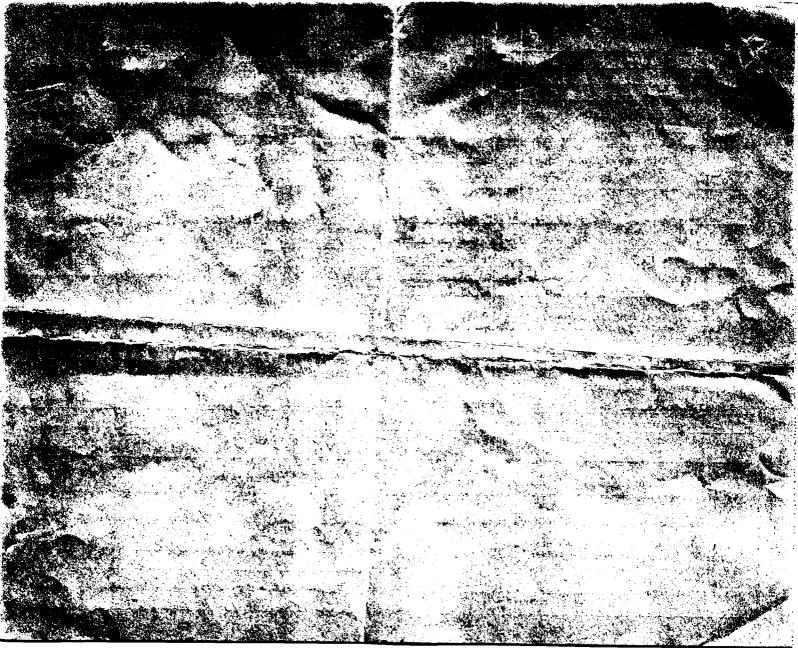
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		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	! .	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			·····

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS. County of City CERTIFICATE OF BIRTH 288790 No. 430 State File No. Registration District No. Prim. Registration District No. Local Registrar's No. 33 D (If born in hospital or institution give name.) 2. FULL NAME OF CHILD 8. Date of 6. Premature. 7. Legiti-If plural [4. Twin, triplet, or other... birth... D. N. 3. Sex births mate? (Month, Day, Year) 5. Number, in order of birth... Full term. MOTHER 18. Full FATHER 9. Full maiden name name 10. Residence (usual place of abode) 19. Residence (usual colace of abode) (If non-Nesident, give place and State) (If non-resident, give place and State) ... 11. Color or race 12. Age at last birthday 20 (years) 20. Color or race 21. Age at last birthday 7. (years) 22. Birthplace (city or place) (State or Country) (State or Country) 5.h. Ca. 23. Trade, profession, or particular kind each, 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. .... for 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work WITH UNFADING INK-Separate Return must be in this work. 20 rdali in this work. ... 19.. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living Ph(b) Born alive but now dead...... (c) Stillborn.... Before labor months 29. If stillborn. 30. Cause of stillbirth. or weeks period of gestation..... During labor .... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 72 m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... ಹ (Born Alive or Stillborn) at birth When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from child Address Llon a supplemental report... WRITE (Date of) Filed Registrar.



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH RECORD. Ever Registration District No..... Primary Registration District No. Local Registrar's No (No. (If death occurred in a hospital or institution, give its name instead of street and number) (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) mos. ds. How long in U.S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred, yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (IN ed or Divorced (write the word) 22. I HEREBY CERTIFY, That I attended deceased from ta. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 31-1902 to have occurred on the date stated above, at ......m. Days The principal cause of death and related causes of impor-7. AGE If LESS than Months 1 day... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work\_ 11. Total time (years) ed at this occupation spent in this Other contributors causes of importance: (mo. and vr.) ...... occupation .. 12. BIRTHPLACE (city or town) (State or country) Name of operation..... ..... Date of ..... What test confirmed diagnosis? Was there an autopsy? (State or country) DE/ 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. OF 16. BIRTHPLACE (city or town). Where did injury occur?.... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place, ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) 20. FILED Jan 8 1940. Mustle

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

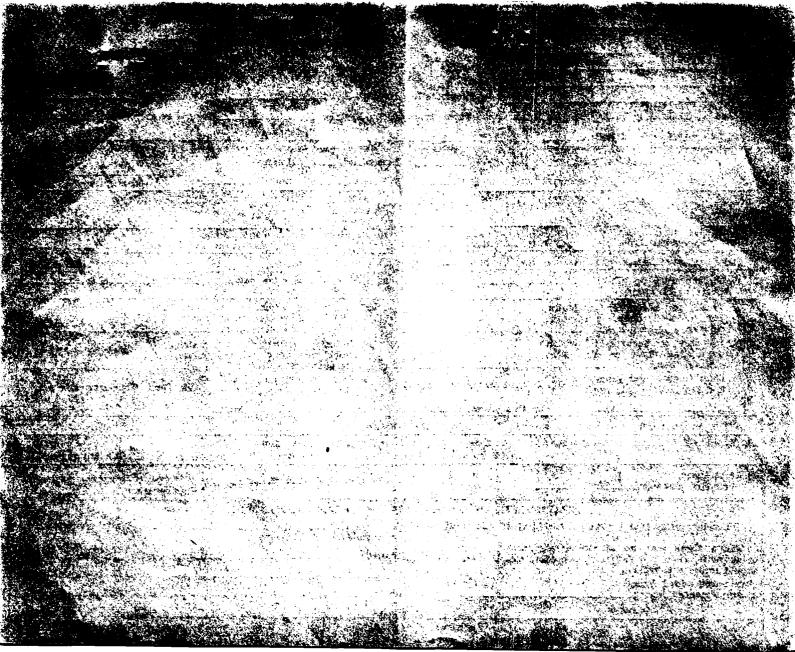
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dute of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	   HER STATEMENTS BY PHYSICIAN	

1. PLACE OF BIRTH RECEIVED	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				
City of Kellogg JAN 4 - 1941	CERTIFICATE OF BIRTH CORNEL				
Registration District No State File No					
(If born in hospital or institution give name.) Prim. Registration District No. 220/ Local Registrars No. 188 2. FULL NAME OF CHILD. Baley Bay					
3. Sex / h	Premature 7. Legitibirth 7. Legitibi				
9. Full FATHER  name Nonold C. Wilder  10. Residence (usual place of abode)  (If non-resident, give place and State) Nollogg.	18. Full MOTHER maiden Marie Emma Nerby Shire				
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)				
11. Color or race 12. Age at last birthday 2 (years)	20. Color or race 21. Age at last birthday 21 (years)				
13. Birthplace (city or place) //// (State or Country)	22. Birthplace (city or place) Relieft / dahle (State or Country)				
14. Trade, profession, or particular kind of work done, as spinner, Saborer sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.				
E 15. Industry or business in which work was done, as silk mill, Mine sawmill, bank, etc.	24. Industry or business in which work was done, as own home, ## lawyer's office, silk mill, etc. ##				
8 16. Date (month and year) last engaged in this work in this work 2 mo	25. Date (month and year) last engaged in this work  19 in this work				
27. What prophylactic was used to prevent Ophthalmia Neona	U 1				
28. Number of children of this mother / (At time of this birth and including this child)  (a) Born alive and now living					
29. If stillborn, period of gestation Term { months or weeks	30. Cause of stillbirtheleck Sefore labor.  During labor				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was					
should make this return.	signed) Slew holoffer, M. D.				
Give name added from a supplemental report	ddress				
Bogistrar.	led Dec. 29, 1939 Mrs. Thelie m Briske				



1. PLACE OF DEATH STATE OF IDAHO — DIV	VISION OF PUBLIC HEALTH TO OUR DEATH Registe	pred No. 11742
		f death occurred in
County of Charles Registration I City of Tellogg Primary Reg.	Dist. No. 220/ hos giv	pital or institution e its name instead of
(Home, Hospital or Institution)	ar's No	eet and number.
Length of residence in County Where death occurred	How long in U. S. If of foreign birth?	Mos. Days
2. FULL NAME Bary Wildery	- 194A	
(a) Residence: / / www.	(If non-resident give city or coun	ty and state)
AND ATTACAM PARTICULARS	MEDICAL CERTIFICATE O	
PERSONAL AND STATISTICAL PARTICULARS 3. MALE 4. White, Black, 5. Single, Married, Widowed,	21. DATE OF DEATH	1-30
Yellow, Red or Divorced (write the word)	(month, day and year) 2-14 22. I HEREBY CERTIFY, That I attended	d deceased from
5a. If married, widowed, or divorced	19 to	
Hilshand of (or) Wife of	I last saw h alive on	Death is said
6. Date of Birth (Month, day and year) /2-/4-39	to have occurred on the date stated above,	at
Years   Months   Days   /if less than 1 day	The principal cause of death and relate causes of importance in order of onset wer	Q   Date of Onset
7. AGE	as follows:	11. Mo.   Day
8. Trade, profession, or particular kind of work done		
9. Industry or business in which work was done		
	At. el Carre	1939 17, 14
10. Date deceased last worked 11. Total time (yrs.) spent in at this occupation (month		-
and year)	Contributory causes of importance not	
12. BIRTHPLACE (City or Town, County) and State, or Country)	related to principal causes	
Willage da		- [
The same of the sa		
13. NAME 14. BIRTHPLACE (City or Town, County and State, or Country)	Where was disease first diagnosed?	
All Date	Name of operation	
1 All is to lead in	Condition for which performed	
15. MAIDEN NAME (City or Town, Copity and State, or Country)	What test confirmed diagnosis?  Was there an autopsy?	re an inquest? A O
16. BIRTHPLACE (City or Town, Country and State, or Country)		
	23. If death was due to external causes, fi (Check) Accident—Suicide—Homicide? Dat	
17. SIGNATURE OF Donald Wilker	19 Where did injury occur?	
(Address)	1	wn, county and state)
18. BURIAL, CREMATION OR REMOVAL  Place   Liller a Sale Date 2- / 6 1939	Check whether injury occurred in industry.	nome paone place
Place Date Date Date	Nature of injury	
19. UNDERTAKER	24. Was disease or injury in any way r	elated to occupation of
(Address)	deceased? If so, specify	, <del></del>
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	80 2.4	1.11.
And the high in	(SIGNED) Cleum Met	effer M. D.
on Dr. 30 198 9 by Mes: Helen In Bride	(Address) Killoup, Jak	ho o
/2000		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE T

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

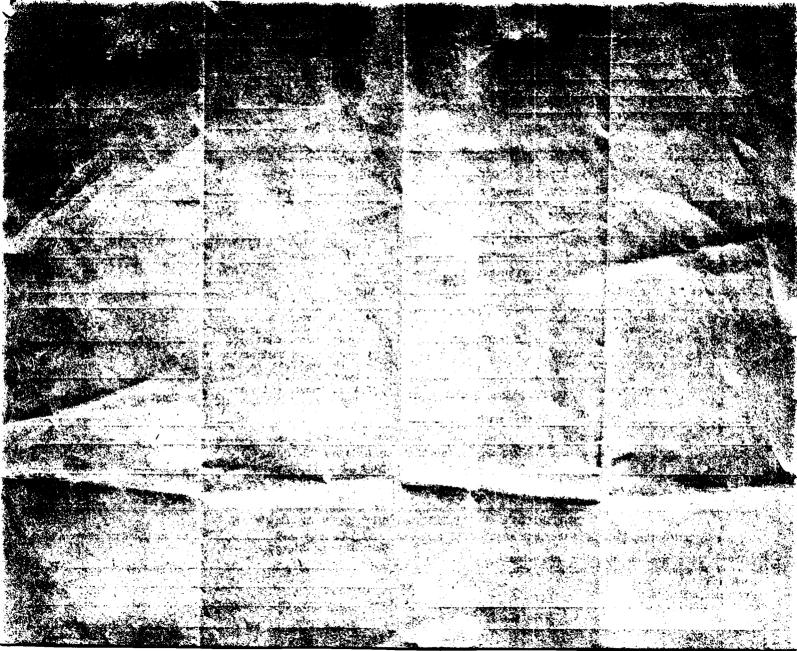
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

THE A REPORT OF

EAAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		***************************************
	******	•	
			······

DO GEINED PLACE OF BIRTH STATE OF IDAHO JAN 12 1940 EPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS \* of more City of 4 288792 CERTIFICATE OF BIRTH No. Registration District No. 37 State File No. case cer of Prim. Registration District No. 2085 Local Registrat No. 499 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD Virginia Viola Sendine 8. Date of PERMANENT RECORD. N. ch, and the number of each, 3. Sex birth /-2 - 5 hirths Full term..... 5. Number, in order of birth...... mate? (Month, Day, Year) 9. Full **FATHER** 18. Full MOTHER maiden , name name 10. Residence (usual place of abode) 19. Residence (tradal place of abode) (If non-resident, give place and State) (If non-resident, give place and State). 11. Color or race W | 12. Age at last birthday 36 (years) 20. Color or race 21. Age at last birthday (vears) 22. Birthplace (city or place) 13. Birthplace (city or place) (State or Country) (State or Country) Á PEl each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... WITH UNFADING INK-THIS IS Separate Beturn must be made for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc, 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work..... 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. months Before labor..... 30. Cause of stillbirth Vella period of gestation. 9 or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE PLAINLY d at birth a (Born Alive or Stillborn) When there was no attending physician W. N) anshall M. D. (Signed) NOSO Di or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address \_\_\_\_\_ WRITE a supplemental report..... (Data of) Registrar.



1. PLACE OF DEATH		VISION OF PUBLIC HEALTH TE OF DEATH	Registered No. 11742
County of Twin Falls City of Twin Falls	Registration I	Dist. No	if death occurred in hospital or institution give its name instead of street and number.
(Home, Hospital or Insti	tution)  Trs. Mos. Days	I and the second	Yrs.   Mos.   Days
Length of residence in County where death occurred	0 0	How long in U.S. If of foreign birth?	
2. FULL NAME Virginia (a) Residence: Twin I	Viola Hendrix	t. #2.	
		(II non resident give elle	
PERSONAL AND STATIST	FICAL PARTICULARS    5. Single, Married, Widowed,	MEDICAL CERTIFIC	
3. MALE 4. White, Black, Yellow, Red	or Divorced (write the word)	(month, day and year)	8, 1939
female white  5a. If married, widowed, or divorce Husband of	single d	22. I HEREBY CERTIFY, That I	。 <u>12/8/39.</u> 19
(or) Wife of 6. Date of Birth		I last saw h alive on	19 Death is said d above, at 3 40 A · m.
(Month, day and year) Dec.		to have occurred on the date state The principal cause of death an causes of importance in order of o	Date of Unset
7. AGE Years Months De	hrs min	as follows:	Ir. Mo. Day
8. Trade, profession, or particul		Still born Jemail	m ant 0 0 0
9. Industry or business in which	h work was done	FWI LEYM I	
9. Industry or business in whice 10. Date deceased last worked at this occupation (month	11. Total time (yrs.) spent in this occupation		
and year)		Contributory causes of importance related to principal causes	not
12. BIRTHPLACE (City or Town,		Pelvie dustocia	<u> </u>
Twin Falls, Ida		12 pound in a	wT'
13. NAME Robert Hene	County and State or Country)	Where was disease first diagnosed	
14. BIRTHPLACE (City of 10wi	Missouri	Name of operation	
<u> </u>		Condition for which performed	
15. MAIDEN NAME LIZZI 16. BIRTHPLACE (City or Town	County and State, or Country)	What test confirmed diagnosis? Was there an autopsy?	
Budda, Ne	braska	23. If death was due to external	
17. SIGNATURE OF PE	Endry	(Check) Accident—Suicide—Homic	cide? Date of injury
(Address) Twin Fall			ity or town, county and state)
18. BURIAL, CREMENSUS DE RE	12-9- 12-9	Check whether injury occurred in Manner of injury	industry home public place
White Mortuary, I	ncOllon 104 T	Nature of injury	
19. UNDERTAKER		24. Was disease or injury in an	
20. FILED AND BURIAL OR REM		deceased? If so, specify	_
20. FILED AND BURIAL OR REAL	Allendunkth	(SIGNED) Joseph W	Marshall M. D.
(Date)	Registrat	(Address)	and a-many

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

EXAMPLE I

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative." etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

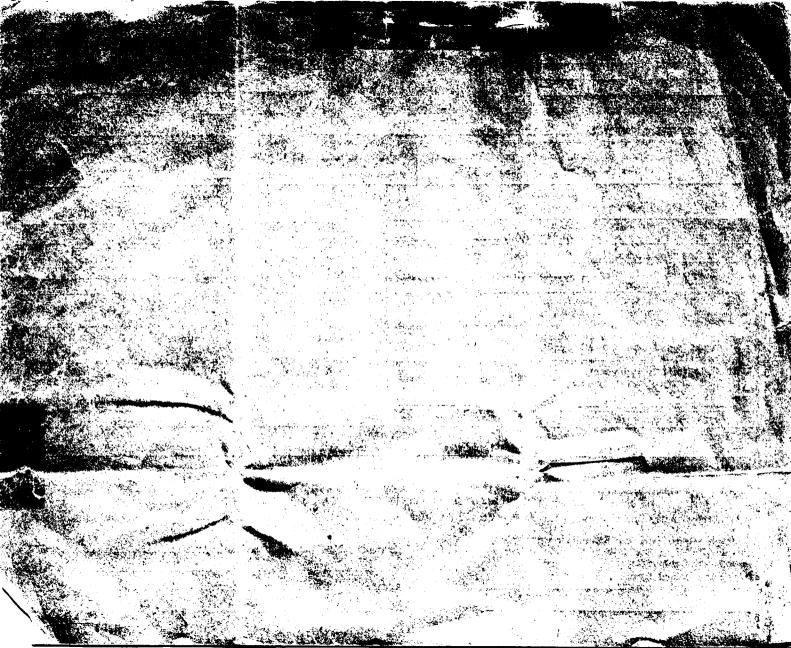
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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TOTAL TITLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.  Arteriosclerosis		related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BUT STATE OF IDAHO DEPARTMENT OF PURISO WELLARE BURBAU OF VITAL STATISFICS CERTIFICATE OF BIRTH Registration District No. State File No. Prim. Registration District No. \_\_\_\_\_\_\_ Local Begistrar's No. \_\_\_\_\_ (If born in hospital or institution give/name) akkup 2. FULL NAME OF CHILD.... 8. Date of 470 If plural 4. Twin, triplet, or other 7. Legiti-6. Premature births (5. Number, in order of birth..... birth Now Full term... mate? (Month. Day, Year) 9. Fall FATHER 18. Full MOTHER/ name /o maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). Tilen 11. Color or race While 12. Age at last birthday # years) 20. Color or race While 21. Age at last birthday 7 13. Birthplace (city or place) College Mera Color (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, The chance of work done, as housekeeper. sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. \_\_\_\_\_ lawyer's office, silk mill, etc. .... 16. Date (month and year) 5 25. Date (month and year) 17. Total time (years) spent last engaged in this work last engaged in this work | 26. Total time (years) spent (ild. 20 1939 in this work 18 wars in this work of year 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 29. If stillborn. months During labor..... 30. Cause of Stillbirth or weeks period of gestation..... Before labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... ......at............ m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) CSGOL or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report..... Address .... (Date of) Filed \_\_\_\_kau 10 19**2** Registrar.



(Date)

1. PLACE OF DEATH	CERTIFICA'	VISION OF PUBLIC HEALTH TE OF DEATH	Registered No.
County of Twin Falls	Registration I	Dist. No. 37	if death occurred in hospital or institution
City of TwIn Falls	Primary Reg.	Dist. No2085	I alva ita mama inetand of l
Suburban Maternity	I. HomeLocal Registr	ar's No. 276	
where death occurred		How long in U. S. If of foreign birth?	Yrs. Mos. Days
MALLENAGAN Baby SI			AT-141-141-141-141-141-141-141-141-141-14
(a) Residence: Filer, I	daho	(If non-resident give city	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
3. MALE 4. White, Black, Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year) 12/	19/39
Molo White	Single	22. I HEREBY CERTIFY, That I	attended deceased from
5a. If married, widowed, or divorce	ed.	12/19/ 19 39, to	<u> 12/19/ 1939</u>
Husband of (or) Wife of		I last saw h. 1mas Kon 12/20	0/19_39 Death is said
6. Date of Birth	- 1		d above, at 4:50 pa m.
(Month, day and year) 12/]		to have occurred on the date state The principal cause of death an causes of importance in order of o	d related   Date of Onset
7. AGE Years Months I		as_tollows:	<u> </u>
8. Trade, profession, or particu	O hrs. min. min.	Stillbirth	39 12 19
Topont	in and or work con-	Prolopsed cord.	39 12 19
9. Industry or business in whi	ch work was done		
ad .			
9. Industry or business in whi  10. Date deceased last worked at this occupation (month	11. Total time (yrs.) spent in this occupation		
and year)		Contributory causes of importance related to principal causes	not
12. BIRTHPLACE (City or Town,	County and State, or Country)	Polyhydramnios.	39 11 15
Twin Falls, Ids	aho	Premature ruoture of	membrane 39 12 15
1		,	
13. NAME Bon Slatte	n, County and State, or Country)	Where was disease first diagnosed	
iii l		Maine of obergrees	date of
Chappel, Nebras	ska	Condition for which performed	***************************************
15. MAIDEN NAME Heler	n Chapman	What test confirmed diagnosis?	
16. BIRTHPLACE (City or Tow	m, County and State, or Country)	Was there an autopsy?	Was there an inquest? If W
Alda Nebraska	00	23. If death was due to external	causes, fill in also the following:
SIGNATURE OF INFORMANT	- 1/2 / Table	(Check) Accident—Suicide—Homic	ide? Date of injury
		19 Where did injur	y occur? ity or town, county and state)
(Address) Filer I	18ho	Check whether injury occurred in	
18. BURIAL, XREWAND AND THE	Date 12/20/1939	Manner of injury	
Place Filer Idaho	Date12/20/1803.	Nature of injury	
19. UNDERTAKER	C. Legiolds E-279	24. Was disease or injury in an	y way related to occupation of
(Address) Awin Fal	la Totabb	deceased? If so, specify	
20. FILED AND BURIAL OR HO	<del>,                                    </del>	ueceased:	-
20. FLED AND BURIAL OR RE	Mullerine		Marshall M D.
on 193 by	The state of the s	(Address) Twin Falls,	Id/aho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.

EXAMPLE 1 .

- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	*****		

	7-00 · · · ·
1. PLACE OF BIRTH	STATE OF IDAHO
County of Bannach	DEPARTMENT OF PUBLIC WELFARE  BUREAU OF VITAL STATISTICS
City of Baneroft	MAY 5 CERTIFICATE OF BIRTH 2006
No St.	$\wedge \mu$
2.77. M. 1.	TOO TOO TOO TOO TOO TOO TOO TOO TOO TOO
(If born in hospital or institution give name.)	Prim. Registration District No. 2/2/ Local Registrar's No. 27
2. FULL NAME OF CHILD John Le	e Roy anderson
	18 Data of
0. Sex   hirtha 1	ner 6. Premature 7. Legiti-
(5. Number, in order of	f birth Full term mate? (Month, Day, Year)
9. Full FATHER	18. Full MOTHER
lekou dulius (Inder	maiden Ruth Tynasten
10. Residence (usual place of abode) (If non-resident, give place and State).	( 19 Residence (usual place of shode)
	TI HOM-Testdent, give place and State)
11. Color of race   12. Age at last birti	hday 2 4 (years) 20. Color or race
13. Birthplace (city or place)	22. Birthplace (city or place) (State or Country)  Sancyett Saho
14. Trade, profession, or particular	(State or Country) Dam roct Jaho    23. Trade, profession, or particular kind
kind of work done, as spinner,	
sawyer, bookkeeper, etc	
work was done, as silk mill,	
sawmill, bank, etc	D IGWYOLD UTILLE, BIR HILL, CCC
2 16. Date (month and year) 17. Total time	e (years) spent
	ork 8 415 Present times in this work 2 471
	phthalmia Neonatorum? 170 3: lugy nitrate
	time of this birth and including this child)
(a) Bo	orn alive and now living
20 Te atiliham 27	months ( Parama labora
period of gestation	or weeks 30. Cause of stillbirth During labor
CERTIFICATE	OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of th	his child, who was stilled at 7:30 m, on the date above state
	(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, hoseholder, etc.,	(Signed) Attackler M.
should make this return.	or, Midwi
Give name added from a supplemental report	Address Frace, Sololio
(Date of)	72000
***************************************	Begistrar. Filed Many - 2, 193.9 Mrs. J. J. T. Resettrar.
	aregreen j // // Magrical.

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ON 11	10 The same	Administration of the second		
	on District No.		orn in hospital or itself villon sive m	ui ti
			Later or one	79 <b>7</b> .:
The Market	The state of the s			
birth:	el elligal A lager		If plane (t. Ewin, triple)	758 X
Month Pay Year of	13.84g	order of birth Full		ne rock
	HTQM three cobtains	311	MATERIA MA	
	emos			
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	Birthplace (city or place)		rippings (city or place)	UH EL
	(State on Chants)		(Biane or Chings)	-
	25. Perch perfession ar particul of sort stone so bousekeeps		Trade profession or particular. inset of work along as spinger,	ad .
	The second second	The same of the sa	Indicate or business in which	
do	Thibustry or bustoess to mu work was done, as own her	MA.	Wein was cone, as silk mid.	
( - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	lawyare office, silk qual, etc.		Interpilly bank, etc.	
26. Total time (sears) spent	less engaged in this work	g treats (news) entry ga	Date (mould see year)	Č
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dend (e) Stuffere	ying ib) Born allys out now	No.		
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THE RESIDENCE AND ASSESSED AS THE REAL PRINCIPAL TO SECURE ASSESSED.

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Figury with Chesting link—this is a perinanent record	n back carefully
	on back c
CHESCOMIS 11	ead Explanations on back carefully
Figure Vice	Read ]

STATE OF IDAHO — DIV	on from Birth Certificate VISION OF PUBLIC HEALTH Registered No. 117849
CERTIFICA	
County of Bannock Registration I	Dist. No
City of Bancroft Primary Reg.	Dist. No
(Home, Hospital or Institution)	ar's Nostreet and number.
I The I Man I Days I	How long in U. S. if of foreign Yrs. Mos. Days
Length of residence in County where death occurred	birth?
2. FULL NAME John LeRoy And	lerson
2. FULL NAME	
(a) Residence:	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 MALE 4. White, Black, 5. Single, Married, Widowed.	21. DATE OF DEATH March 5, 1939
FEMALE Yellow, Red or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	191919
Husband of (or) Wife of	I last saw h alive on19 Death is said
	l e e e e e e e e e e e e e e e e e e e
(Month, day and year)	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were    Vr.   Mo.   Day
Years   Months   Days   If less than 1 day	causes of importance in order of onset were Yr.   Mo.   Day   as follows:
7. AGE hrs min	
8. Trade, profession, or particular kind of work done	CMII I DODN
Cdone	STILLBORN
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation)	9 mo gestation
10. Date deceased last worked   11. Total time (yrs.) spent in at this occupation (month   this occupation	
at this occupation (month this occupation	
and year)	Contributory causes of importance not related to principal causes
12. BIRTHPLACE (City or Town, County and State, or Country)	
13. NAME 14. BIRTHPLACE (City or Town, County and State, or Country)  LeRoy Julius Anderson Central Idaho	Where was disease first diagnosed?
LeRoy Julius Anderson, Central Idaho	Name of operation date of
Ecolog Carras Macrosoft Contrar, Edune	Condition for which performed
15. MATDEN NAME Ruth Kynaston	What test confirmed diagnosis?
15. MAIDEN NAME Ruth Kynaston 16. BIRTHPLACE (City or Town, County and State, or Country)	Was there an autopsy? Was there an inquest?
Bancroft Idaho	23. If death was due to external causes, fill in also the following:
17 SIGNATURE OF	(Check) Accident—Suicide—Homicide? Date of injury
INFORMANT	, 19 Where did injury occur?
(Address)	
18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public place  Manner of injury
Place	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of
(Address)	deceased? If so, specify
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased: II so, specily
20. FILED AND BURIAL OR REMOVAL PERMIT 1850ED	J. R. Koehler
400 5	(SIGNED) J. B. Koehler M. D. (Address) Grace, Idaho
on193 byRegistrar	(Address)

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

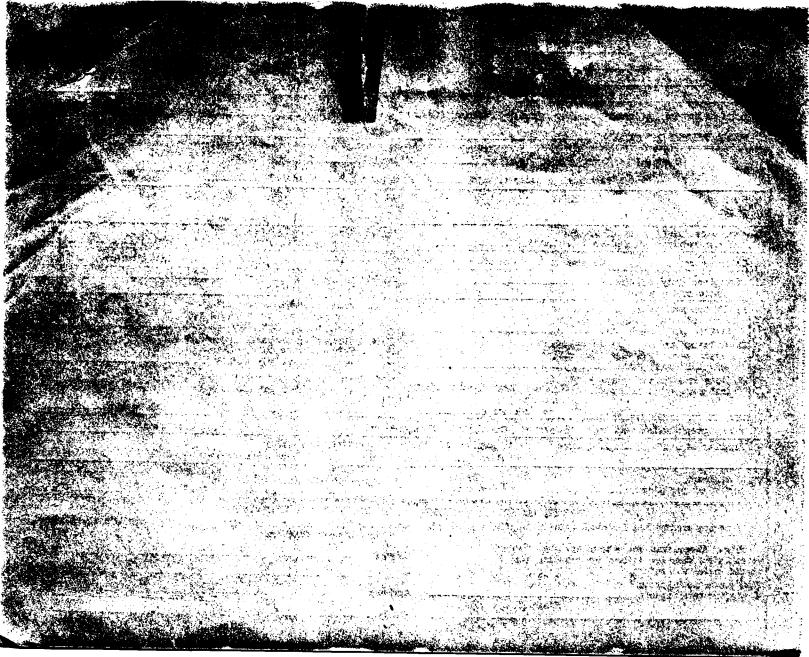
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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EXAMPLE I	!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Ceuston DO NOT WRITE IN THIS SPACE DEATH in County of .... BUREAU OF VITAL STATISTICS Mackan CERTIFICATE OF DEATH City of .... State File No .... Registration District No. 68 Local Registrar's No. 2 Primary Registration District No. OF OCCUPATION is very important. state CAUSE (If death occurred in a hospital or institution, give its name instead of street and number) Limothy, Whitworth 2 FULL NAME. (a) Residence No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. should PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-4. Color or Race 8. SEX 21. DATE OF DEATH (month, day and year) 2/3/1939 owed or Divorced (write M 22 I HEREBY CERTIFY, That I attended deceased from the word) 5 5a. If married, widowed, or divorced \_\_\_\_\_, 193....., to......., 193..... HUSBAND of I last saw h alive on 193 death is said (or) WIFE of to have occurred on the date stated above, at...... m. 6. DATE OF BIRTH (month, day, and year) If LESS than The principal cause of death and related causes of im-7. AGE Years Months Days 1 day ..... hrs. portance were as follows: Date of onset or ...... nin. 8. Trade, profession, or particular Other contributory causes of importance: spent in this ed at this occupation Harlure Umbelies (mo, and yr.) ..... occupation ..... Cuculation 12. BIRTHPLACE (city or town) Name of operation More Date of (State or country) What test confirmed diagnosis? Endual Was there an 13. NAME autopsy?..... 14. BIRTHPLACE (city or town) Pocatages 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: carefully supplied. Accident, suicide, or homicide?..... Date of injury\_\_\_\_\_ 15. MAIDEN NAME Bray Tran Monchus . 193..... 16. BIRTHPLACE (city or town) Maexay/ Where did injury occur?..... (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or To. Whitwork. 17. INFORMANT in public place (Address) maeria, Manner of injury.... 18. BURIAL, CREMATION OR REMOVAL Nature of injury Place Mackay/ Date 12/3/ 1939 24 Was disease or in any way related to occupation 19. UNDERTAKER . of deceased? ///O/ (Address) Mackay, hacho (Signed) .... Maercust, Zacho (Address ... Registrar.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	-
	••••••••••••	<u>``</u>	

County of The Co	FBg grat 1846	DEPARTMENT OF IDA DEPARTMENT OF PUBL. BUREAU OF VITAL S' CERTIFICATE OF	TATISTICS BIRTH State File No:
(If born in hospital or institution give name.)  2. FULL NAME OF CHILD	Prim. Registra	ation District No.2177	Local Registrar's No. 3
8. Sex births 4. Twin, triplet, or other of the births 5. Number, in order of	i i	remature 7. Legiti- ill term mate? 7.	8. Date of birth (Month, Day, Year)
9. Full place of abode)  (If hon-resident, give place and State)	Rom	18. Full maiden name  19. Residence (usual place of al (If non-resident, give place)	oode State John
11. Color or race.   12. Age at last bir 13. Birthplace (city or place).		20. Color or race	. Age at last birthday. 2. (years)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work 17. Total times.	de (years) spent	(State or Country)  23. Trade, profession, or par of work done, as house typist, nurse, clerk, etc  24. Industry or business in work was done, as own helawyer's office, silk mill,  25. Date (month and year) last engaged in this work  19	which ome, etc.  26. Total time (years) spent
27. What prophylactic was used to prevent C 28. Number of children of this mother (At	ophthalmia Neonat	torum?and including this child)	now dead(c) Stillborn
29. If stillborn, period of gestation.  CERTIFICATE	months	30. Cause of stillbirth	(Before labor
CERTIFICATE I hereby certify that I attended the birth of When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report	this child, who was	(Born Alive or Stillborn at digned)	m. on the date above stated.  M. D.  Midwife
9	Registrar.	100 Epitel	Registrar.



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EXAMPLE II

· ————————————————————————————————————			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy	Date of onset
- My war	[]		
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ADDITIONAL SPACE	FOR FURTE	ier statements by Physician	
	***************************************	The state of the s	
	/00 v. 10 v.	*	
***************************************	***************************************		*****************
	**********		*************

OR REMOVAL

BURIAL

BEFORE

BE FILED

CERTIFICATE MUST

Write Plainly with Unfading Ink-This is a permanent record

carefully

back

6

Explanations

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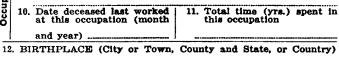
TATE OF	IDAHO	DIVISION	$\mathbf{or}$	<b>PUBLIC</b>	HEALTH
	~ ~~~~	· •	-	TALE	AYY

1. PLACE OF DEATH	CERTIFICATE OF DI	EATH R	egistered No
County of Themon	Registration Dist. No		if death occurred in
City of ACC	Primary Reg. Dist. No.		hospital or institution give its name instead of
(Home, Hospital or Institu	Docar negistrars no		street and number.
	Vra i Mos i Dave I		Ves Mor Dorn

City of ACC	· -	. Dist. Norar's No	give its name instead of street and number.
(Home, Hospital or Institution)			
Length of residence in County where death occurred	Mos. Days	How long in U. S. If of foreign	Yrs. Mos. Days
2. FULL NAME STICCOTOL	(sacy)	Rackham	
(a) Residence:	- Estu	Ida	•
(a) noticenor		(If non-resident give city or	county and state)
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3. MALE 4. White, Rich 5. Sin or Div	gie, Married, Widowed, vorced (write the word)		3, 1939
5a. If married, widowed, or divorced		22. HEREBY CERTIFY, That I at	tended deceased from

as follows:

Husbar (or) W	nd of			
6. Date of (Month,	Birth day and y	ear) Do	J-3,	1939
7. AGE	Years	Moriths	Days	If less than 1 day
<u> </u>	_	· · · · · · · · · · · · · · · · · · ·		nd of work done



14. BIRTHPLACE (City or Town, County and State, or Country)

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Condition for which performed

What test confirmed diagnosis?

Name of operation

Manner of injury Nature of injury

deceased?

24. Was disease or

Was there an autopsy?,

to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset, were

Date of Onset Yr. Mo. | Day

Was there an inquest? 23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury Where did injury occur? (Specify city or town, county and state) Check whether injury occurred in industry... home ... public place

injury in

15. MAIDEN NAME County and State, or Country) 17. SIGNATURE OF INFORMAN' (Address) CREMATION

and year) ....

13. NAME

Place

19. UNDERTAKE

(Address

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

Why births should be registered.—There is hardly a relation of life—social, legal, or economic—in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

- (1) As evidence to prove the age and legitimacy of heirs;
- (2) As proof of age to determine the validity of a contract entered into by an alleged minor;
- (3) As evidence to establish age and proof of citizenship and descent in order to vote;
- (4) As evidence to establish the right of admission to the professions and to many public offices;
  - (5) As evidence of legal age to marry:
- (6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law:
- (7) As evidence to determine the liability of parents for the debts of a minor;

- (8) As evidence in the administration of estates, the settlement of insurance and pensions;
- (9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
- (10) As evidence in the enforcement of law relating to education and to child labor;
- (11) As evidence to determine the relations of guardians and wards;
  - (12) As proof of citizenship in order to obtain a passport;
- (13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation.—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write housewife in answer to Question 23 and own home in answer to Question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

14 and 23.—The trade, profession, or particular kind of work done.

15 and 24.—The industry or business in which the work is done.

16 and 25.— The month and year the person last worked at the occupation.

17 and 26.—The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

. PLACE OF DEATH	CERT	IFICA'	TE OF DEA!	<b>CH</b>	Register	red No.1	17864
County of Achi- City & Lamiah	Prin	mary Reg.	Dist. No. 435 Dist. No. ar's No.		hosp	death oc ital or its name et and nun	institution instead of
(Home, Hospital or Institu	Mos.	Days	How long in U. S. In birth?	f of foreign	Yrs.	Mos.	Days
FULL NAME ELAA.	Moses, J	<b>.</b>	······································			***************************************	
(a) Residence.			(If non-resid	ent give city	or count	y and state	)
PERSONAL AND STATISTIC	CAL PARTICULAR	18		L CERTIFIC	ATE OF	DEATH	
MALE 4. White, Black, Yellow, Red	5. Single, Married, or Divorced (waite	the word)	21. DATE OF DEATH (month, day and )		11 1	4 1 3	7
male Rod a. If married, widowed, or divorced	Single		22. I HEREBY CERT	IFY, That I		deceased f	rom
Husband of	U		1/14	19 <u>3</u> 7 to		114	19 <i>I</i> 3 <i>q</i>
(or) Wife of  Date of Birth			I last saw handive	827	1-1-14	_19 <b>3</b>	eath is sai
(Month, day and year) Hove	nber 14, 19		to have occurred on the principal cause	ne date stated	above, a	ıt	n
AGE Years Months Day	If less than	1 day	causes of importance as follows:	in order of or	set were		Mo.   Day
1 1	hrs. mir		Prolate	ref Con	ul .	1934	12 114
8. Trade, profession, or particular	KING OI WORK GOILS		Furtie	8 Co.	20		7 / 7
9. Industry or business in which	work was done	***************************************		- (	7	<u> </u>	
			***************************************				
10. Date deceased last worked 1 at this occupation (month	<ol> <li>Total time (yrs.) this occupation</li> </ol>	) spent in			••••••	-	·
and year)			Contributory causes o	1 importance	not		
BIRTHPLACE (City or Town, Co	unty and State, or	Country)	related to principal	causes	<del></del>	.   -	
Kamiah Id	cho.		Wheel !			-   -	
-Ca: Ma				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ll-	
13. NAME SLAS 14. BIRTHPLACE (City or Town,	Sounty and State or	Country)	Where was disease fir	st diagnosed?			<del></del>
14. BIRTHPHACE (City of 10wil,			Name of operation			late of	·····
Salman Teu	ur Idah	<u>.                                    </u>	Condition for which pe	erformed		*****************	
15. MAIDEN NAME Tillia	a Carbet		What test confirmed				72
16. BIRTHPLACE (City or Town, C	/ //	country)	Was there an autops	7	Vas there	an inques	tt. Y
James	h, Idaho.		23. If death was due				e following
SIGNATURE OF LINE	more		(Check) Accident—Sui			of injury	
(Address) Kamiah,	Idaho.		, 19 Whe	re did injury (Specify cit	occur7y or town	n, county a	nd state)
BURIAL, CREMATION OR REMO	VAL 7/	15 120	Check whether injury	occurred in i	ndustry	home pu	blic place
Place Janish, Salls	Date log	3 19 <u>37</u>	Manner of injury				
UNDERTAKE WWW uh	- 6-X12	War	Nature of injury			ntod to co	aunatia-
(Address) Lewiston	Idaho:		24. Was disease or in		-	ared to oc	cupation o
FILED AND BURIAL OR REMOVE	AL PERMIT ISSU	ED	deceased?	II so, specity	***************************************		
/ / BUILD ON HUMO	1/11			11			
on 120 1960 by Dr	eles. 41 dr	our	(SIGNED)	7	1.1.		M. D
(Date)	Registrar		(Address)	upp, 5	ians		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

EXAMPLE T

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

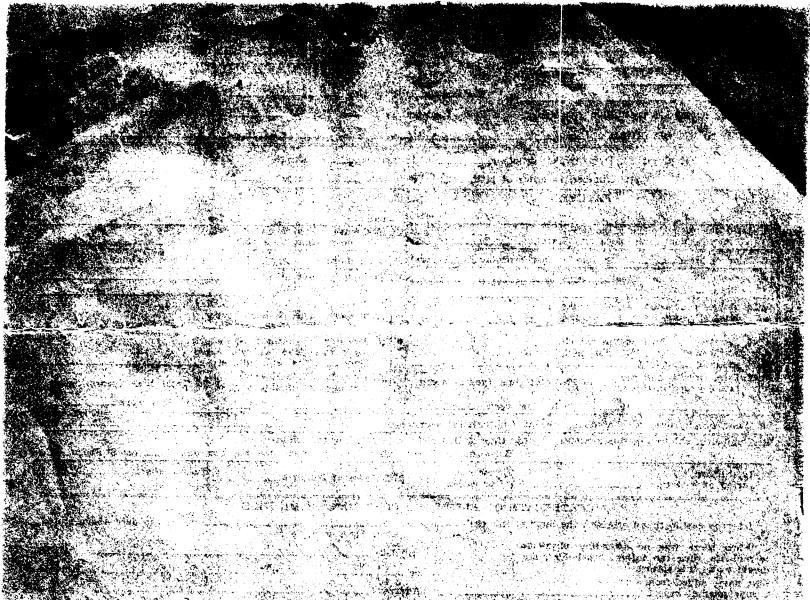
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

TAXABETAT TO THE

EXAMPLE 1	j	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************		
	······································	-	***************************************
		#	***************************************

JIL PLACE OF BIRTH	STATE OF IDAHO
County of Madeson	DEPARTMENT OF PUBLIC WELFARE 920215
	BUREAU OF VITAL STATISTICS
T St	CERTIFICATE OF BIRTH
No St. Red ANt 22	01940 No. 43/ State File No.
	ation District No. 2/78 Local Registrar's No. 289
8 2 FULL NAME OF CHILD 12 chy 12 oull	in (decised)
If plural (4. Twin, triplet, or other	Premature 7. Legiti-
8. Nex births 5 Number in order of hirth	ull term mate? (Month, Day, Year)
9. Full FATHER	18. Full MOTHER
name/	maiden 6 7/00
10. Residence (usual place of abode)	name Gua Hall
(If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
9. Full FATHER name 10. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race	20. Color or race
13. Birthplace (city or place) au Belle Ja	22. Birthplace (city or place)
(State or Country)	(State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind,
kind of work done, as spinner, sawyer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
5   E   15. Industry or business in which	E 24 Industry or husiness in which
work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
d Die Date (month and ween)	
last engaged in this work 17. Total time (years) spent	last engaged in this work 26. Total time (years) spent
in this work	in this work
	torum?
	and including this child)
(a) Born alive and now	v living (b) Born alive but now dead (c) Stillborn.
29. If stillborn, months	30. Cause of stillbirth
period of gestation or weeks	During labor
CERTIFICATE OF ATTENDING	PHYSICIAN OF MIDWIFE 100
CERTIFICATE OF ATTENDING  I hereby certify that I attended the birth of this child, who wa	s. Alle at at 2 m. on the date above stated.
When there was no attending physician	
or midwife, then the father, hoseholder, etc., }	Signed) M. D.
u should make this return. J	Midwife
	ddress Sellrurg
	iled 1-121 1800 mus HE young
Registrar.	Registrar.
<b>•</b> • •	U = U



1. PLACE OF DEATH	CERTIFICA'	TE OF DEATH	Registered No.	
City of Madison	Registration I	Dist. No. 21.7 8  Dist. No. 25.	' i boenital (	occurred in or institution ame instead of number.
(Home, Hospital or Institute	A Y	How long in U. S. If of foreign birth?	Yrs. Mc	Days Tays TYNOMES
2. FULL NAME Party (a) Residence: Arthur, Villa	Boulet aho.	(If non-resident give city	or county and	state)
	A DARTICUL ARE	MEDICAL CERTIFIC	ATE OF DEAT	LH 🗮
PERSONAL AND STATISTICA  3. MALE FEMALE Vellow, Red On	Single, Married, Widowed, Divorced (write the word)	21. DATE OF DEATH (month, day and year) /2/ 22. I HEREBY CERTIFY, That I	21/39 -	tall Born
5a. If married, widowed, or divorced Husband of		12/2/ 1931, to		sed from 9 Death is said
6. Date of Birth (Month, day and year) Dec d  7. AGE Years Months Days  8. Trade, profession, or particular k	if less than 1 day hrs min ind of work done	I last saw ht alive on to have occurred on the date stated The principal cause of death and causes of importance in order of or as follows:	above, at	Date of Onset   Cr.   Mo.   Day   O
9. Industry or business in which w	ork was done			
and year)	Total time (yrs.) spent in this occupation  nty and State, or Country)	Contributory causes of importance related to principal causes	not	
13. NAME  14. BIRTHPLACE (City or Town, Co  15. MAIDEN NAME  16. BIRTHPLACE (City or Town, Co  17. SIGNATURE OF INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVE  19. UNDERTAKER  19. UNDERTAKER	County and State, or Country)  O. C. Souther	Where was disease first diagnosed? Name of operation Condition for which performed What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external of (Check) Accident—Suicide—Homice ————————————————————————————————————	Was there an interest and inter	f
(Address)  20. FILED AND BURIAL OR REMOV.  on	AL PERMIT ISSUED  Registrar	deceased? 700 If so, specify (SIGNED) 7		The Do

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant--private family, cook--hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

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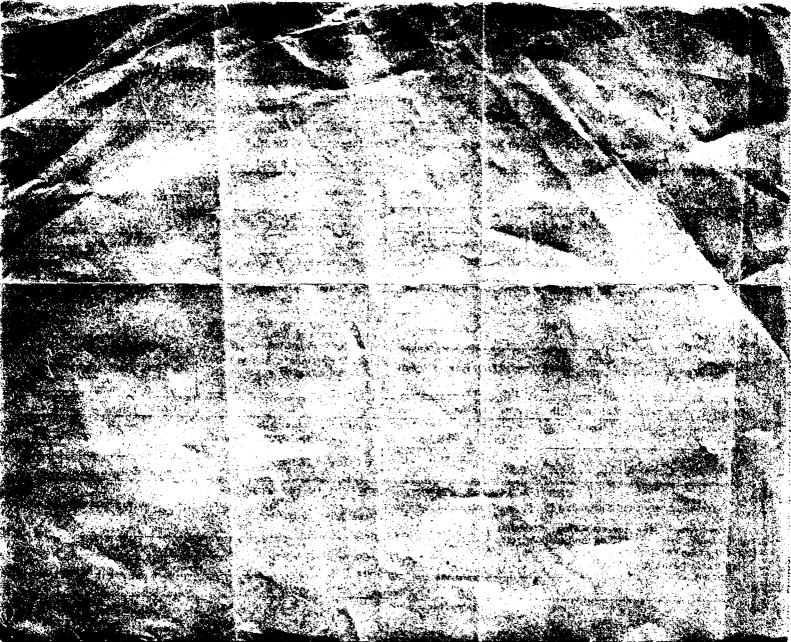
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EAAMPLE I		EXAMPLE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			·····
	•		······
	************************		

OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE Canyon County of BUREAU CENTRAL STATISTICS Caldwell City of. CERTIFICATE OF BIRTH BECEIVED No. Peckham Funeral Home st Registration District No. State File No. State File No. Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD Stillborn Pidgeon R H 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_ 7. Legitibirths mate? 5. Number, in order of birth..... Full term (Month, Day, Year) PERMANENT RECORD. MOTHER 9. Full 18. Full FATHER name maiden Vivian Stockman Don Pidgeon name 10. Residence (usual place of abode) To 19. Residence (usual place of abode) Caldwell. (If non-resident, give place and State) Same (If non-resident, give place and State).... 13. Birthplace (city or place) 22. Birthplace (city or place) Jordan Valley, Ore (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, Hwy kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, work was done, as own home, made lawyer's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work must be in this work..... in this work... WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead......... (c) Stillborn period of gestation well to months 29. If stillborn. 30. Cause of Stillbirth ..... or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE stillborn I hereby certify that I attended the birth of this child, who was.... .at...... m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician ? (Signed) ... or midwife, then the father, householder, etc., should make this return. .... Midwife child Give name added from WRITE Address a supplemental report..... (Date of) Begistrar. Registrar.



PLACE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE information instruc-County of Canyon BUREAU OF VITAL STATISTICS City of Caldwell CERTIFICATE OF DEATH State File No. me CHIVED Registration District No. 360 Local Registrar's No. 12 Primary Registration District No..... ►EB 27 important. Peckham Funeral Home Every item (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Stillborn Picseon (a) Residence No. St. OCCUPATION is very (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred.yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. A PERMANENT RECORD. PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. 5. Single, Married, Wid-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) \$1939 owed or Diversed (write Female 22 I HEREBY CERTIFY, That I attended deceased from the word) 5a. If married, widowed, or divorced 6-18, 1931, to 6-18, 1939 HUSBAND of I last saw h...... alive on.................................. 193.....: death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at...... m. If LESS than 7. AGE Years Months. Davs The principal cause of death and related causes of im-1 day ..... hrs. portange were as follows: stillborn Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc..... heart bolisco UNFADING INK-THIS 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) Other contributory causes of importance: spent in this ed at this occupation (mo, and yr.) ..... occupation ..... Caldwell, Ida 12. BIRTHPLACE (city or town).... (State or country) Name of operation Date of Don Pidgeor 13. NAME . What test confirmed diagnosis?..... Was there an · autopsy?..... 14. BIRTHPLACE (city or town) 23. If death was due to exter'l causes (violence) fill in also (State or country) the following: Accident, suicide, or homicide? ...... Date of injury...... Vivian Stockman 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town) Oregon (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or 17. INFORMANT Don Pidson in public place caldwill Idaho (Address) Manner of injury 18. BURIAL, CREMATION OR REMOVAL Place Caryon Hill Date 6-2 Nature of injury 24 Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? If so specify (Address) (Signed) ....( ż Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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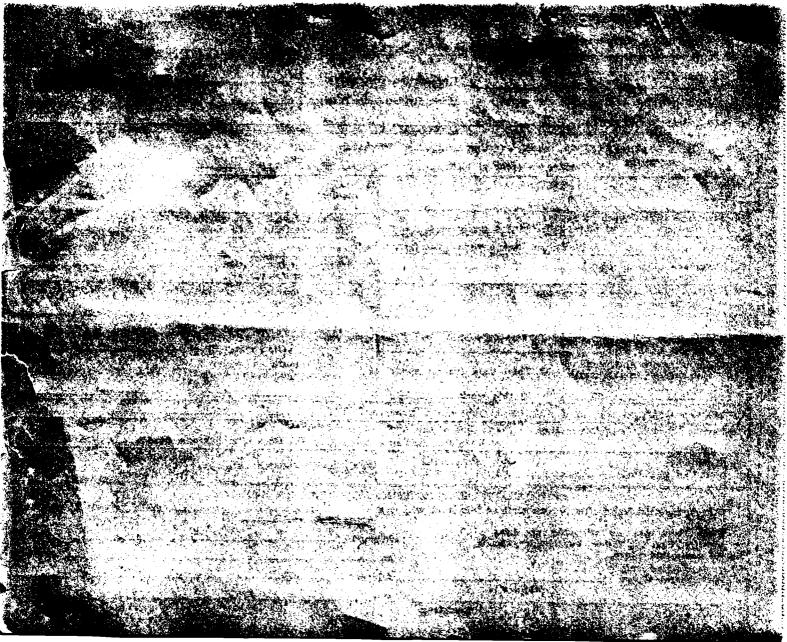
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	· .		
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
			<del> </del>

Mother deld suddenly from Chrocis Valvular heart disease before by the following from Chrocis Valvular heart disease hefore by the following t

BLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS RECEIVED City of. CERTIFICATE OF BIRTH RMADaton Datret No. .... \_\_\_\_State File No. 296982 Frim. Registration District No. 1362 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of If plural (4. Twin, triplet, or other 6. Premature Med 74 Legitihirth. 5. Number, in order of birth.... Full term. mate? temate (Month, Day, Year) PERMANENT RECORD MOTHER 9. Full FATHER 18. Full maiden name name ( 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) 40 4 (If non-resident, give place and State) 11. Color or race..... | 12. Age at last birthday 30 (years) 18. Birthplace (city or place).... 22. Birthplace (city or place)...... (State or Country) (State or Country) and 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. of work done, as housekeeper 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, lawver's office, silk mill, etc. sawmill, bank, etc. ...... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work 8 in this work..... in this work... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (During labor.... months WITH UN 29. If stillborn. 30. Cause of Stillbirth ..... period of gestation 5 Mio. or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \_at\_\_\_\_ m. on the date above stated. When there was no attending physician ? or midwife, then the father, householder, etc., should make this return. ...., Midwife Give name added from a supplemental report..... (Date of) Registrar.



A WAT A CUT OFF THE A PRICE	ATE OF DEATH	Registered No
County of Amyla Registration City of Primary Registration While Hospital Local Registration	Dist. No. 362 g. Dist. No. 342	hospital or institution   give its name instead of
(Hame, Hospital or Institution) , Length of residence in County where death occurred  Yrs. Mos. Days	How long in U. S. if of foreign birth?	Yrs.   Mos.   Days
2. FULL NAME Jufat Aprighter Mr. & Mrs. 1  (a) Residence: 104 - 1 2018, Ser.		
	(If non-resident give city of	
PERSONAL AND STATISTICAL PARTICULARS 3. MALE   4. White, Black,   5. Single, Married, Widowed	MEDICAL CERTIFICATION OF DEATH	11/ 132 () -
FEMALEY Yellow Red or Divorced write the word	(month, day and year) Mg,	14, 1999
Small While Single	22. I HEREBY CERTIFY, That I	
Husband of (or) Wife of	19, to	
6. Date of Birth	I last saw h alive on	19 Death is said
(Month, day and year)	to have occurred on the date stated.  The principal cause of death and causes of importance in order of the causes of importance in order of the causes.	related Date of Onset
7. AGE Years Months Days If less than 1 day	causes of importance in order of as	set were   Yr.   Mo.   Day
hrs min	But at a	20
8. Trade, profession, or particular kind of work done	rome Place	uto
9. Industry or business in which work was done	Manie Ama	estras
Ġ.		64
10. Date deceased last worked 11. Total time (yrs.) spent at this occupation (month this occupation		<b>D</b>
and year)	Contributory causes of importance r	not
12 BIRTHPLACE (City or Town, County and State, or Country	related to principal causes	
Mamba Salaho-	_	
The water of the and all		
13. NAME  14. BIRTHPLACE (City or Town, County and State, op Country	Where was disease first diagnosed?	
	Name of operation	date of
Alberta Ganada	Condition for which performed	
15. MAIDEN NAME / Class (State of County)	What test confirmed diagnosis?	
16. BIRTHPLACE (City or Town, County and State, or Country	<del></del>	
17. SIGNATURE OF DAY ON TONE COM	23. If death was due to external ca	=
INFORMANT CALL WOMEN	(Check) Accident—Suicide—Homicid	
(Address) Mamba, Andario	, 19 Where did injury (Specify city	y or town, county and state)
18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in in	
Place The file of Date ling 16.193	Manner of injury	
19. UNDERTAKER DELLE TALLEY	Nature of injury	way related to occupation of
(Address) Manday Assio	deceased? If so, specify	
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	deceased	
au, present Arth Boldard out Indian	1000 / C/12 00 h	1960/10 m
Jan 8-19 to by Suda Roagers	(SIGNED)	A D.
(Date) Registrar	(Address)	/

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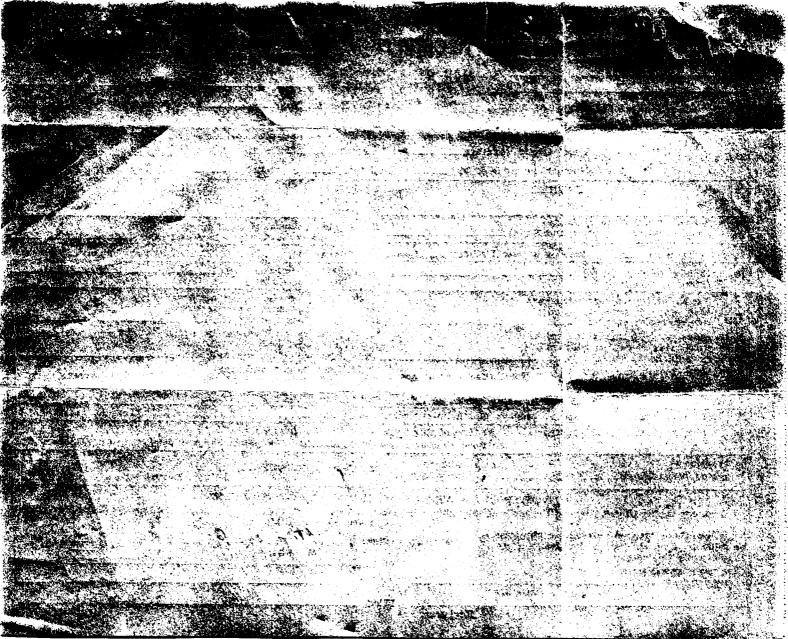
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BERTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS of thor City of... CERTIFICATE OF BIRTH No. . AP 8 1941 Registration District No. .....State File No. ... Prim. Registration District No. 3 6 3 Local Registrar's No. (If born in hospital or institution give name.) \* FULL NAME OF CHILD .5 8. Date of birth 6. Premature 2200 7. Legiti-If plural [4. Twin, triplet, or other\_\_\_\_\_ 3. Sex births mate? 5. Number, in order of birth..... Full term ... NENT RECORD. the number of ea (Month, Day, Year) 9. Full. **FATHER** 18. Full MOTHER maiden name athrem name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Krute 2- Nampa (If non-resident, give place and State) Truta Tram 22. Birthplace (city or place) Rasin, Montana 18. Birthplace (city or place) Halfway, arean (State or Country) (State or Country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeepes Registerel nurse typist, nurse, clerk, etc. Registerel nurse kind of work done, as spinner, sawyer, bookkeeper, etc. ..... for 24. Industry or business in which 15. Industry or business in which work was done, as own home, made work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. .... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent <u>8</u>, last engaged in this work last engaged in this work UNFADING IN november in this work. 4-42 , 19 in this work 2 11 re 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living Mank(b) Born alive but now dead............ (c) Stillborn Z..... Before labor.... WITH UN Separate 29. If stillborn, months 8 ms. 30. Cause of Stillbirth ...... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stillborn at 8.00 ft m. on the date above stated. ಥ (Born Alive or Stillborn) When there was no attending physician (Signed) ... Stephen or midwife, then the father, householder, etc., should make this return. at Give name added from child a supplemental report..... Address (Date of) one Registrar. Registrar.



1. PLACE OF DEATH	CERTIFICA	VISION OF PUBLIC HEAD TE OF DEATH	Registered No.
County of Angel Mas (Home, Haspital or Instit		Dist. No. 3.43 Dist. No. 2.42	if death occurred in hespital or institution give its name instead of street and number.
Length of residence in County where death accounts	Yrs. Mos. Days	How long in U. S. If of forbirth?	eign Yrs. Mos. Days
2. FUNI NAME TO ANTE	on of Madher	2 (If non-resident give	e city or county and state)
	<u> </u>		TIFICATE OF DEATH
PERSONAL AND STATIST  3. MALE FEMALE 4. White, Black, FEMALE Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year)	8-24-39
58. If married, widowed, or divorced Husband of (or) Wife of	Jengle -	I last saw h. A	hat I attended deceased from  1 to
7. AGE Years Months Da 8. Trade, profession, or particular	ys If less than 1 day	The principal cause of deacauses of importance in order as follows:	th and related rof onset were Yr.   Mo.   Day
9. Industry or business in which 10. Data deceased last worked at this occupation (month) and year)	n work was done  11. Total time (yrs.) spent in this occupation	Contributory causes of impor	tance not
12. BIRTHPLACE (City or Town)	ird	related to principal causes  Where was disease first diag	nosed? Q + How
14. BIRTHPLACE (City or Town,	County and state, or County,	Name of operation	date of
15. MAIDEN NAME 16. BIRTHPLACE (City or Town,	County and State, or Country)	What test confirmed diagnos Was there an autopsy?	O Was there an inquest?
17. SIGNATURE OF () C	Baird	23. If death was due to exte (Check) Accident—Suicide—I 	
(Address)  18. BURIAL CREMATION OR REIN Place	10VAL Date 2 - 25 193 f	Check whether injury occurr	nity city or town, county and state) ad in industry home public place
19. UNDERTAKER 7 / 190 (Address)	Jacky DEPART ISSUED	Nature of injury  24. Was disease or injury i  deceased? If so, s	n any way related to occupation of
20. FILED AND BURIAL OR REM	yda Todgers Registrar	(SIGNED) (Address)	her C. Margingo

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

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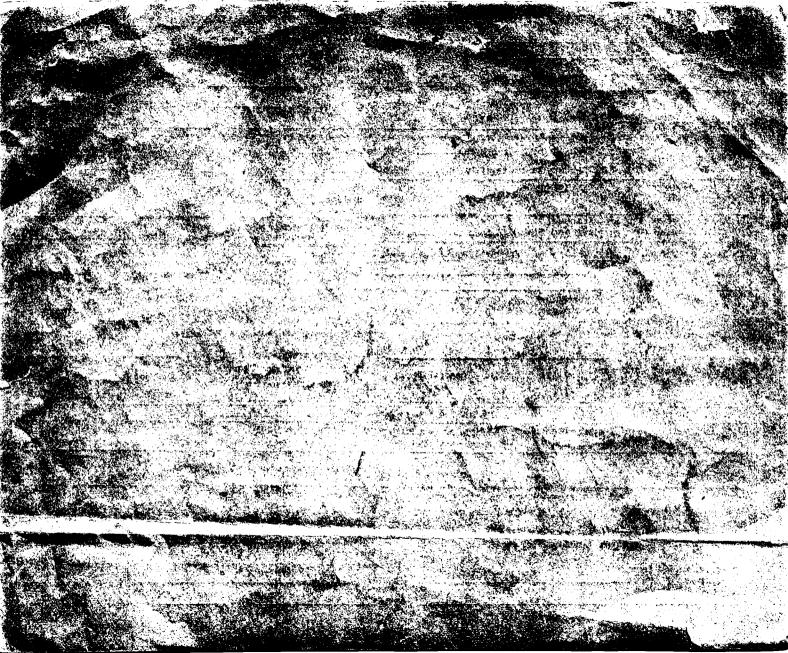
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	`		

County of Sales Sales Demodle.  City of Man aris of sales St.	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTE
Registration	District No
	'ull term mate? (Month, Day, Year)
9. Full FATHER  10. Residence (usual place of abode)  (If non-resident, give place and State)	18. Full maiden name that when the maiden name that the maiden name the maiden name that the maiden name that the maiden name that the
13. Birthplace (city or place) Manufack Halip. (State or Country)	20. Color or race
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill,	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home,
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work	lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  19
27. What prophylactic was used to prevent Ophthalmis Neona 28. Number of children of this mother (At time of this birth (a) Born alive and now	and including this child) w living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation or weeks  CERTIFICATE OF ATTENDING	30. Cause of Stillbirth
I hereby certify that I attended the birth of this child, who was	(Born Alice of Stillborn) Signed)  at larm, on the date above stated.
(Data of)	ddress Dels Jack Leet  Midwife  100 Cet. 6 193 9 Cheu Guille Registrar.
II ROGERICAE.	v registrar.



T PLACE OF DEATH STATE OF IDAHO — DI	TE OF DEATH  Registered No. 14310
T PLACE OF DEATH  County of Idaho Falls Bonne ville Registration 1  City of Idaho Falls Primary Reg.	Dist No I give its name instead of I
City of	ar a room
Length of residence in County Wis. Mos. Days where death occurred	How long in U. S. if of foreign Yrs. Mos. Days birth?  (If non-resident give city or county and state)
2. FULL NAME stillborn Ellis	
(a) Residence:	(If non-resident give city or county and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 MALE 4. White, Black, 5. Single, Married, Widowed.	171 DATE OF DEATH
FEMALE Yellow, Red Wh	(month, day and year) August 30, 1939  22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	19
Husband of (or) Wife of	I last saw h alive on19 Death is said
6. Date of Birth (Month, day and year) August 30, 1939	
to land how I down	to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:  STILLBORN
Tears Months 2007	causes of importance in order of onset were Yr. Mo. Day as follows:
8. Trade, profession, or particular kind of work done	
9. Industry or business in which work was done	
g Q	
9. Industry or business in which work was done  10. Date deceased last worked at this occupation (month this occupation	
-1	
12. BIRTHPLACE (City or Town, County and State, or Country) Idaho Falls, Idaho	
13. NAME Ro ert EdwardEllis	Where was disease first diagnosed?
13. NAME RO OFT EQWARDEIIIS 14. BIRTHPLACE (City or Town, County and State, or Country)  More land Ideho	Name of operation date of
More land, Idaho	Condition for which performed
15. MAIDEN NAME Etta Johnson	Name of operation date of  Condition for which performed What test confirmed diagnosis?
15. MAIDEN NAME Etta Johnson  16. BIRTHPLACE (City or Town, County and State, or Country)  Blackfoot, Idaho	Was there an autopsy? Was there an inquest?
Blackfoot, Idaho	23. If death was due to external causes, fill in also the following:
17. SIGNATURE OF Inf. taken from Death Cert	23. If death was due to external causes, fill in also the following:  (Check) Accident—Suicide—Homicide? Date of injury
INFORMANT INFORMANT THE TAKEN I FOR DEACH CEPT.	
(Address)	(Specify city or town, county and state)
18. BURIAL, CREMATION OR REMOVAL	Check whether injury occurred in industry home public place  Manner of injury
Place	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of
(Address)	deceased?
20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED	1
10-6 .9 . Wm. Kinnaird	(SIGNED) W.E.Gueytte M. D.
on 10-6 195 by Wm. Kinnaird Registrar	(Address) Idaho Falls, Idaho

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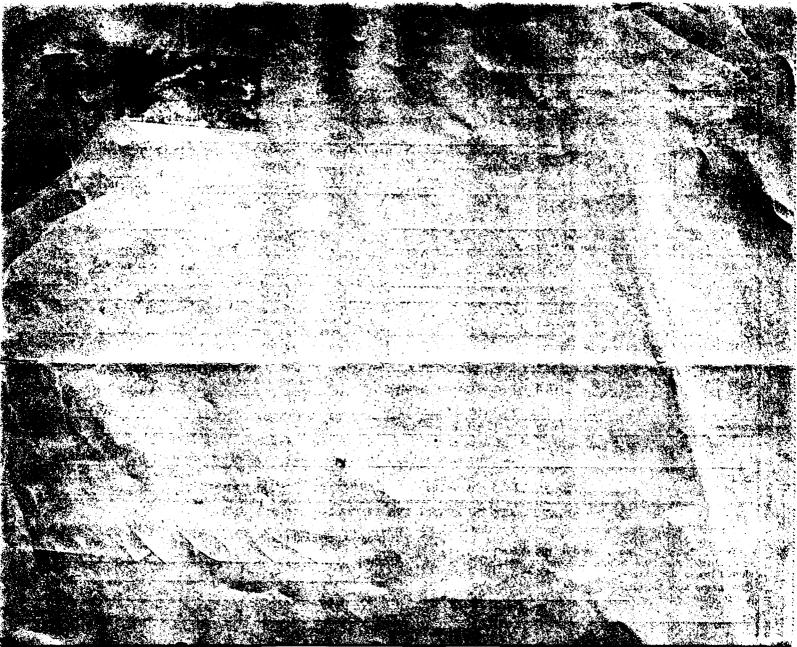
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		•	
		•	

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of Deanenell BUREAU OF VITAL STATISTICS State File No. Registration District No. Prim, Registration District No. \_\_\_\_\_\_\_ Local Registrar's No. (If born in hospital or institution give name.) not named 2. FULL NAME OF CHILD. 8. Date of 7. Legiti-8. Premature.... If plural (4. Twin, triplet, or other.... 3. Sex hirth births 5. Number, in order of birth... Full term... mate? (Month, Day, Year) 118. Full MOTHER 9. Full FATHER. name maiden rowns, Elga name 10. Residence (usual place of abode) Hacho Fall (19. Residence (usual place of abode) (If non-resident give place and State)... (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 24 (years) 20. Color or race 12. Age at last birthday 2 (years) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, ( 0 of work done, as housekeeper, sawyer, bookkeeper, etc. ... typist, nurse, clerk, etc. ...... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. ..... lawyer's office, silk mill, etc. .. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work pe in this work Duck in this work 10 years Makaswa 19 WITH UNFADING IN Separate Return must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn. Before labor... $\nu$ 29. If stillborn. months 30. Cause of stillbirth Makesun months period of gestation .. or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 12:25 m on the date above stated. I hereby certify that I attended the birth of this child, who was... ಡ (Born Alive or Still orn) birth When there was no attending physician ) or midwife, then the father, hoseholder, etc., (Signed) . should make this return. Midwife Give name added from child a supplemental report... Address (Date of) Filed \_ Registrar. Registrar.



permanent

Unfading Ink

with

Plainly

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Gaistones	May 1, 1923	Gastroenteritis	1 year
	· · · · · · · · · · · · · · · · · · ·	ler statements by physician  led until ofter the birth  that Twas	of the
child It was de	ead at	that Time	



OR REMOVAL

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL

Write Plainly with Unfading Ink—This is a permanent record

Read Explanations on back carefully

STATE OF IDAHO - DIVISION OF PUBLIC HEALTH

1.	PLACE OF DEATH	CER!	TIFIC	ATE OF DEATH	trogistores (trous
_	Bonneville	J	Registration	Dist. No. 6/0	If death occurred in
-	ounty of Idaho Falls	F	rimary Ref	g. Dist. No.	hospital or institution give its name instead of
_	Spencer Hospi	tal I	ocal Regis	trar's No	street and number.
					Yrs.   Mos.   Days
M	Arnere Jessel Acturred  Yrs.	. Mos.	Days	How long in U. S. if of foreign birth?	in III. atos. Days
	DADV RITE	RWELL			
2.	FULL NAME				
	(a) Residence:			(If non-resident give	city or county and state)
=	PERSONAL AND STATISTICAL	PARTICUL	ARS		IFICATE OF DEATH
<u>3.</u>	MALE 4. White, Black, 5. S	Single, Marric Divorced (wr	ed. Widowed	(month, day and year)	lovember 21, 1939
72	FEMALE Yellow, Red Of I	Singl		22. I THEREBY CERTIFY, The	
5.5	a. If married, widowed, or divorced				to Nov 2/ 19.39
-	Husband of None			I last saw heralive on	20 2/ 19.39 Death is sai
<u>-</u>	Date of Birth			1 last saw it. alive on	6.30 A.
٠.	(Month, day and year) November	r 21,		to have occurred on the date so The principal cause of death causes of importance in order (	and related Date of Onset
_	Years Months Days	If less th	han 1 day	causes of importance in order of follows:	of onset were Yr.   Mo.   Day
7.			min.	" Tremalurely	
_	8. Trade, profession, or particular kin	d of work do	ne	2 mo acettate	
5	NONE 9. Industry or business in which wor	k was done			
pation	9. Industry or business in which wor	E was acre			
3	10. Date deceased last worked   11. T	otal time ()	rs.) spent	in	
ő	at this occupation (month	his occupation	'n	and the same of the party	nee not
_	and year)			Contributory causes of importa	ince not
1	2. BIRTHPLACE (City or Town, Count		, or Country	"	
	Idaho Falls, Idah	<u>o</u>		-	0
L	13 NAME Eldred Burw	all		Where was disease first diagno	and? Ofencer Harpla
ţ	13. NAME ELGIOG BUIW 14. BIRTHPLACE (City or Town, Cour	nty and State	or Country	Where was disease in at dagne	date of
Ē					•
_	Smithton, West Vir			Condition for which performed	
other	15. MAIDEN NAME ROSS M.	38CK		What test confirmed diagnesis	
Mot	16. BIRTHPLACE (City or Town, Cou	nty and State	a, or Country		2 Was there an inquest?
	50. Della, Indiana				nal causes, fill in also the followin
1	7. SIGNATURE OF CLAUD (	rum	<u> </u>	(Check) Accident—Suicide—Ho	
		Dds.			jury occur?
-	(Address) A. Fallo, e. BURIAL, GREMATION OF REMOVA	<del></del> L			in industry home public place
1	Place Idaho Falla Idah	O Date 11	/22 <sub>1</sub> 39		
_	Place			Nature of injury	
1	. UNDERTAKER		<u> </u>		any way related to occupation
_	(Address) Idaho Falls.	Idaho		deceased? 11 sp. spe	
,	0. FILED AND BURIAL OR REMOVAL	PERMIT I	SEUED	n N	'//, , , X
ٔ ا	7/	7 referen	met.	(SIGNED)	. Clarett
4	on lov. 2 2 1939 by 1 m	gim	nains		tallo Ida.
ì	(Taka)	"Hegistra	r	(Address)	······

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

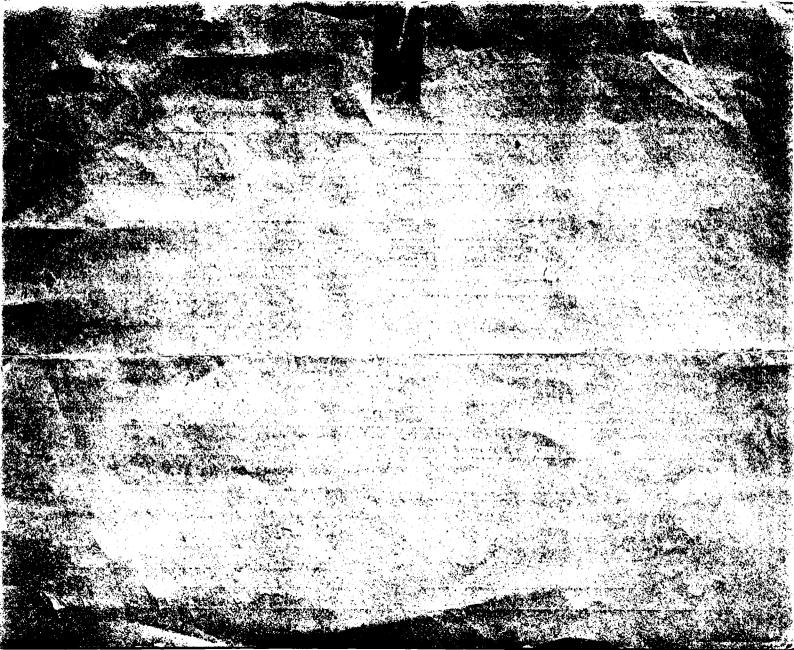
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greery store, soap factory, cotton mill, etc.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

~	¥ 95	* 80a		*	
L PLACE OF BIRTH	EIVED	Dan A Dans	STATE OF IDAI ENT OF PUBLE		C
County of ryddorya/of		BUREA	U OF VITAL ST	ATISTICS	, <b>D</b>
and or proopwate EEB	940	CERT	TTICATE OF	RIRTH	•
No. St. Reg			420		202201
	istration Dis	strict No	420 s	tate File No	150
(If born in hospital or institution give name.) Prin	a. Registrati	on District No	)L	ocal Registrar	s No. / 27
2. FULL NAME OF CHILD	***************		au .		
If plural [4. Twin, triplet, or other	8 Pre	meture	7 Tagiti-	8. Date of	EC 25 198 Q
hirtha	l.	term VLS	mate? W65:		
TEVNOLE   Direction   (5. Number, in order of birth		<del></del>		1	th, Day, Year)
9. Full C FATHER	11	8. Full \\ maiden	1 11/	THER	·
MANN GRACK THAW		name	batha Jo	ne 12e	hurbing
10. Residence (ustal place of stode) (If non-resident, give place and State)	<u>(</u>	Regidence (1	sual place of abo ident, give place	de) (ab.	
11. Color or race	<del>-                                      </del>	Color or race	a LL   21	Age at last his	rthday 25 (venra)
13. Birthplace (city or place).			city or place)		
(State or Country)	No.	(State or	Country)		Ulah
14. Trade, profession, or particular		· -	ofession, or part	/	•
kind of work done, as spinner, sawyer, bookkeeper, etc.		S turniet mus	done, as housek rse, clerk, etc	TABUSE.	EUME
15. Industry or business in which	\	1 24. Industry	or business in	which	1
work was done, as silk mill, sawmill, bank, etc.	۵ ا!	WOLK Was	done, as own no.	uro,	]
Fire Data (month and mont)	Ţ	25. Date (mo	office, silk mill, e nth and year) ged in this work		
last engaged in this work 17. Total time (year	s) spent	last engag	ed in this work	· -	e (years) spent
in this work			, 19	in this w	ork
27. What prophylactic was used to prevent Ophthalm	a Neonator	um?			
28. Number of children of this mother 1 (At time of	this birth ar	nd including th	is child)	1	
(a) Born alive	and now li	ving (b)	Born alive but n	ow dead	(c) Stillborn
29. If stillborn, period of gestation	130	0. Cause of Sti	libirth	₹	3 1465KS
period of gestation		2 noepall		Uuring labor	•
CERTIFICATE OF AT I hereby certify that I attended the birth of this child	PENDING	PHYSICIÁN C	R MIDWIFE	59	
I hereby certify that I attended the birth of this child	, who was	Born Alive or	1atat	MQ m. on the	date above stated.
When there was no attending physician				X	, <b>M</b> . <b>D</b> .
or midwife, then the father, householder, etc.,	•			-	
should make this return.  Give name added from	or		<del></del>	******************************	, Midwlfe
a supplemental report	Addr	ess Limo.di	ng Zan	70	•••••
(Date of)	Tiled Tiled	1-31	- () 1986D	24 C	mura
Rogistr		• • • • • • • • • • • • • • • • • • •		0	Registrar.
					-



1.	. PLACE OF DEATH		TE OF DEATH	Registered No
_	Gooding	Pagistration I	Dist. No. 420	If death occurred in
C	ounty of Gooding	Primary Reg.	Dist No.	hospital or institution give its name instead of
C	Gooding County	Local Registr	Dist. No. 759 ar's No.	street and number.
	(Home, Hospital or Insti	itution)		Yrs. Mos. Days
	Length of residence in County where death occurred	Yrs. Mos. Days	How long in U. S. If of foreign birth?	Yrs. Mos. Days  or county and state)
2.	FULL NAME	Stil]	born Shaw	
	(a) Residence:		(If non-resident give city	or county and state)
-	AND OTATIO	TICAL BARTICIII ARS	MEDICAL CERTIFIC	
-	PERSONAL AND STATISMALE 4. White, Black,	5. Single, Married, Widowed, or Divorced (write the word)	21 DATE OF DEATH	05 3020
3.	FEMALE Yellow, Red	or Divorced (write the word)	(month, day and year)  22. I HEREBY CERTIFY, That I	attended deceased from
-	F Wh . If married, widowed, or divorce	ed.	4	019
38	Husband of (or) Wife of XX	,	I last saw h alive on	<b>_</b>
6.	Date of Birth			
	(Month, day and year) Dec 2		to have occurred on the date state The principal cause of death an causes of importance in order of o	d related   Date of Onset
_	AGE Years Months D	Days If less than 1 day	causes of importance in order of o	d above, at
1	· 1	hrs. min.		<u> </u>
_	8. Trade, profession, or particu	lar kind of work done		
5	9. Industry or business in whi	ch work was done	Stillborn	
Ħ	y. industry of business in win			
Occupation	10. Date deceased last worked at this occupation (month	11. Total time (yrs.) spent in this occupation		
~	and year)x		Contributory causes of importance related to principal causes	not 🔛 🚾
1:	2. BIRTHPLACE (City or Town, Gooding	County and State, or Country), Idaho	related to principal causes	1 1 1
_	January Daniel Ed.	- Charr		·
Father	13. NAME Vaughn Edg	n County and State, or Country)	Where was disease first diagnosed	•
T T	Gooding	g, Idaho	Name of operation	F
_	· · · · · · · · · · · · · · · · · · ·		Condition for which performed	
Mother	15. MAIDEN NAME Tibat	ha Jane Behuroin	What test confirmed diagnosis?	
5	16. BIRTHPLACE (City or Tow		Was there an autopsy?	
	I HYPAY	mont, Utah	23. If death was due to external	causes, fill in also the following:
17	. SIGNATURE OF Inf. take	en from birthært	(Check) Accident—Suicide—Homic	
	(Address) XXX			y occur?ity or town, county and state)
-	B. BURIAL, CREMATION OR RE	MOVAL	Check whether injury occurred in	
^`	Place XX	Date19	Manner of injury	
-			Nature of injury	
19	. UNDERTAKER XX		24. Was disease or injury in an	
-	(Address)		deceased? If so, specify	·
20	D. FILED AND BURIAL OR REM		(SIGNED)	tt <u>M</u> . D.
N	onXX_193 by	J H Cromwell Registrar	(SIGNED)	
1	on193 by	Registrar	(Address) - Gooding, Idaho	

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN							
			•				

child.	Un De	nontroomt of Communication	is complete and accurate)  E OF BIRTH  Local Reg. No. 242			
2 2	Bu	reau of the Census  DEC 1 2 1941 CERTIFICAT STATE C	F IDAHO Reg. Dist. No.			
This certificate MUST be tter the date of birth of the c	1.	PLACE OF BIRTH:  (a) County Ministra. (b) City Cupert  (c) Street Address or R.F.D. No  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:  In Hosp. or Mat. Home	2. USUAL RESIDENCE of MOTHER: (Always fill in these)  (a) State			
certificate. I 10 days a	4.	FULL NAME - Innamed - Sci	Lenk 5. Date of Birth (Month, day, year) Mars. 27, 1939			
10 c	6.	7. Twin or If so—born Triplet 1st, 2nd, 3rd				
ng this WITHER	10.	FATHER OF CHILD FULL HILL AND AND Schenk	MOTHER OF CHILD  16. FULL MAIDEN Vera Ellen Staken			
completi occurred oise, Idah	11.	Color or Race 12. Age at time of THIS birth yrs.	17. Color of Race of THIS birth 20 yrs.			
s, in the	13.	Birthplace (City or Town) (State or foreign country)	19. Birthplace Odden Utal			
er ribbo re the b Statistic	14.	Exact Occupation  Construct  Cons	20. Exact Occupation			
writer where ital St	15.	Industry or Business own farm	21. Industry or Business Home			
d type istrict a of V	22. Name prophylactic used to prevent Ophthalmia Neonatorum					
JK Recor in the di te Buresa	23.	Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living				
r BLAC	(born alive, stillborn)					
ACK INK or CAL REGISTES RESPONDENCE		related to this child as Mother (Mother, etc.)	to this child as			
only BLA the LOC	26.	(a) //-24 - 4/ (b) (Registrar's signature)	25. Attendant's OWN signature. M.D. Midwire, etc.)			
Use with Add	27.	Given name added onby(Registrar's Signature)	and address Ruful Date 11-17-41			

# **REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS**

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. \* \* \* \* \* \* , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

#### MEDICAL REPORT

(Not for certified copies)

	(1406 101 CC.	eruneu copies)
(a)	Pregnancy: Complications of Mone	· · ·
		(1) Congenital Malformation?
		Describe:
(b)	Labor: Complications:	(2) Birth Injury?
,	Jual Telves	(2) Birth Injury?
•	Induced?	(8) Was mother given a Wasserman before delivery?
(c)	Was there an operation for delivery?	(4) Signature of Physician:
j.	State all operations:	Cellellellen.